TO HG

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 57 | 122 | | CERTIF | ICA | TE OF DE | ATH | | | | 05 | 711 | |
|--|--|--------------|--|------------------|---|----------------------------|------------------------|--------------------------------|--------------------------|--------------|-----------------|---------------------------|
| 1. PLACE OF DEATH o. COUNTY MOT | ntgomery | | MARY | LAND | 2. USUAL RESIDE | ENCE (Wher | - | lived. If inst b. COU | VITV | sidence befo | | |
| b. CITY OR TOWN (I RURAL and give no | If outside corporate limited earest town) | | c. LENGTH OF STAY | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney | | | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montgomery General Hospital | | | | d. STREET AD | DRESS | | | | | | IDENCE FARM? | |
| 3. NAME OF DECEASED (Type or print) | Fir | st | Middle llen Aber | | Last | | 4. DATE OF DEATH | | Month 5 | 20 | , | Yeor 19 61 |
| s. sex Female | 6. COLOR OR RACE White | 7. MARR | NEVER MARRI | | 8. DATE OF 81RTH 3/3 | /83 | 9 | P. AGE (In yellost birthdo | ors IF UN Mon yrs. | ths Days | Haurs | R 24 HRS. Min. |
| 10a. USUAL OCCUPATION during most of work | | done 10b. | | R INDUS | | ce (State or | | untry) | 12 | US | | OUNTRY? |
| 13. FATHER'S NAME Milton QuYle Susan Chowning 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address | | | | | | | | | | | | |
| no | (If yes, give war or dates of s | | no | H | ospital | Reco | ords. | | 19.15 | | | |
| Conditions, if o gave rise to i cause (o), stoting lying couse lost. | the under- | , Co | ronary a | rter | sis | | | | | ON | ERVAL BE | DEATH |
| pneumoi 20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | HER SIGNIFICANT CON | lun | | Lfi | brillat | ion. | | | | 1 PART 1(a) | PERFO | AUTOPSY DRMED? NO 🔀 |
| WEDI CO. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Yes | While | NJURY OCCURRED Not while at work | 20e. PLA fact | CE OF INJURY (H tory, street, affice | ome, farm, bldg., etc.) | 20f. (City | or town) | | (County) | | (Stote) |
| | nt (1) (this hospital sed alive an 54 meals. |)/61 , in | | that de | eath accurred A.D. PHYS. 22d. ADDRESS M. | MED DIRE | A, fram t | he causes STAFF PHYS. t, Da | and an |)/61 | stated 221 | b. DATE SIGNED |
| 230. BURIAL, CREMATIC REMOVAL (Specify) Burial 24. BUNERAL DIRECTOR | May 22 | , 196 | 23c. NAME OF CEM Cedar ADDRESS TONSVILLE, | Hill | | 250. REC'D | | | D. C | | | re) |

1.3. 23 Land Lac nemin 18 4 ID1 1 9031 72 25,7 And the contract of the contra 11.11.10 0 11.5 11. itton uile Hornigaci records. nci-blocc Tedus Lancio airorologoliusin endurante, lest tun ; strict fileritietho. TITLE Cader Wille Taxible Im. C. C.

FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5723 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06870

| | PLACE OF DEATH | | | | 2. | USUAL RESIDEN | ICE (Where d | eceesed lived, If i | nstitution: Residen | ice belore edmission) |
|---------------|--|--|---------------|-----------------------------|-------------|---------------------------|--------------------|-----------------------|--|------------------------------|
| 1 | e. COUNTY | 97 | | MARYLA | BID. | a. STATE | | b. COUN | TY | |
|) | Montgomer b. CITY OR TOWN (if | outside corporata limit | s. I | c. LENGTH OF STAY | | c. CITY OR TOWN | land | porate limits, writa | Montg | omery |
| 7 | write RURAL end | give nearest town) | | | | | | | No. 10 to 10 | |
| - | Silver ST | | | seven year | 8 | d. STREET ADDRESS | | | 34 | IC OFFICE |
| | d. NAME OF HOSFII | AL OK INSTITUTION (I | nor in nosp | iliei, giva sireel address) | 39 | d. STREET ADDRESS | | | 1 | IS RESIDENCE ON A FARM? |
| | | wood Terra | ce | | | 192 Fleetw | rood Te | rrace | | YES NO |
| | NAME OF DECEASED | First | | Middle | | Lest | 4. DATE | Month | Dey | Year |
| | (Type or print Char | les Edward | Ack | erman | 4, | | DEATH | May 31 | | 19 61 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. D | ATE OF BIRTH | 19 | AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| TY | ale | white | WIDOWED | | Jul | y 8, 1889 | | lest birthdey) 71yrs. | Months Deys | Hours Min. |
| 10e | . USUAL OCCUPATION | ON (Giva kind of work | 10b. KII | ND OF BUSINESS OR IN | | | or foreign co | | 1 12. CITIZEN C | F WHAT COUNTRY |
| | | king life, even if retired | | HOAR | | | | Phone: Co | | |
| 13. | FATHER'S NAME | scal office | r HG | U.S.A.F. | | MOTHER'S MAIDEN | ew Yor | k | | U.S.A. |
| | | | | | | - ACTION S MAIDEN | THE STATE | | | |
| | | ard Ackerma | | New York | | atherine B | raceli | | | |
| | | R IN U.S. ARMED FOR yes give war or detas of se | | OCIAL SECURITY NO. | | | Ackerm | Address | Eries S | + LF |
| _ | Yes | WW2 | | 2-20-3034 | Mr. C | harles E. | VCKETH | | sville. | |
| | | | cause par li | ne for (a), (b), and (c).] | 0 | | | | | TERVAL BETWEEN |
| | | MAS CAUSED BY: | (B | lumar | ~ Q | uruffe | · el | | Fac | 1 dead |
| | 43,4.4 | DUE TO | | | 7 | 1 | / | 1 | -44 | 200 |
| | Conditions, if any, | | (1) | class and | - 6 | 11111 | 1 | | | |
| | geve rise to immadia | ite causa | | whomay | - | reporte | ana. | | 7 | un |
| | (a), stating the un | darlying DUE TO | (2) | 001 | | 10 | | | V | |
| _ | ceuse last. |) (c)_ | LOVE CON | orgalin | m. | ale. | NAL DICEASE | | | |
| QL N | PART II. OTHER | SIGNIFICANT CONDIT | IONS CON | TRIBUTING TO DEATH B | UINOIKE | LATED TO THE TERMI | NAL DISEASE | CONDITION GIVE | EN IN PART 1(e) | 9. WAS AUTOPSY PERFORMED? |
| CAI | | | | V | | | | | | YES NO |
| CERTIFICATION | 20e. EXTERNAL CA PRIMARY OF COI | | b. DESCRIE | BE HOW INJURY OCCU | RED. (Enter | natura of injury In Par | rt I or Part II of | f item 18.) | | |
| | CAUSE OF DEATH. | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJUR | Y Month, Dey, Yea | | | | OF INJURY (Homa, fern | | y or town) | (County) | (State) |
| VEDI | Hour a.m. | 19 | While et work | Not While et work | tactory, | streat, office bldg., etc | | | | |
| | | | f the rema | ains described abov | e held a | an Autonsy 🔽 | Inspection | , Inquir | and and | in my opinion |
| | The same of the sa | om: Natural ca | attended. | Accident , | Suicide | Homicide | r-1 | determined ma | | in my opinion |
| | degin lesuled it | om: Natural Ca | nses XI. | Accident [], | Sulcide | | _ | determined ma | anner [| |
| | ACTUAL | 2. 1 | 12 | . / - | 1 | CHIEF MEDICAL | | | | |
| | SIGNATURE 7 | rand y. | 12 | useravi | | M.D. ASSISTANT MED | DICAL EXAMIN | IER | I | ATE SIGNED |
| | EXAMINER'S | mille. | - F | 2 / | . , | DEPUTY MEDICA | L EXAMINER | 7 (| 2-1-6 | 2 / |
| | NAME (Typa) | - NANUK | 1. | poscha | 1 | Address (Street, | | | | |
| 22a | . BURIAL, CREMATION REMOVAL (Specify) | N, 226. DATE THERE | OF 3 | 22c. NAME OF CEMETE | RY OR CRE | MATORY | 22d. LOCA | TION (City, town, | or country) | (Stete) |
| Bu | irial | 6/5/61 | | Arlington N | lation | al Cemeter | y Arli | ngton Co | unty. Vi | rginia |
| | FUNERAL DIRECTOR | ımphması Tm | | ADDRESS 34 Georgia | | 1 24a. REC | | RAR 246. REGI | | |
| 3 | | Ziska. | | r Spring. M | | | 7 '61 | -1 -1 | my S. Kraus | |
| (| 7 | | DITAG | The state of the | GL Y LO | 300 | W.L | Links | -7 That | |

1 - -DOMESTIC TO SERVICE 3-11 narral aveils LAS DE-STORES IN COLUMN What is a state of the contract of the contrac CHAIR S. THES. The Time track to the Park to the bur atogowal lightness Minrace Stimed Ackerman, Sr. 1 less took ers-de-design at Charles H. Meistern, Miller B. W. 111-1-2 alabat 7 . winder not not be seen that the state of the s surface of the control of the contro bankwas I district constitution

TO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be equition 24 hours after a death and be retained by the hospital or attending physician. Yes a may be retained by the hospital or attending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

| DIVISION OF STATISTICAL RESEARCH AND RECORDS | 5, 301 W. PRESTON STREET, BALTIMOR | E 1, MARYLAND |
|--|--|---|
| 5724 CERTIFICAT | E OF DEATH | 65712 |
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If ins | titutions Rasidence before admission |
| b. CITY OR TOWN (if outside corporate limits) write RURAL end (sive seerest town) MARYLAND c. LENGTH OF STAY IN 1b | c. CITY OR TOWN, (If outside corporate limits, write R | URAL end give geerest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (II polyin hospital, give street eddress) | d. STREET ADDRESS | IS RESIDENCE |
| 9 SuburbAN Hospital | R++I | YES NO |
| 3. NAME OF DECEASED (Type or print) Pagg 4. Middle | Adams 4. Date Month OF DEATH | 17 196/ |
| 5. SEX 7 DECLOS OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D | | Nonths Deys IF UNDER 24 HRS. Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIXE. | | 12, CITIZEN OF WHAT COUNTRY |
| Thomas Hamitlow | Bertha mosley | L . |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (If yes give war or dates of service) | Heroy along Hus | band) |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | vination | ONSET AND DEATH |
| Conditions, if eny, which (b) Perforet | ed GASTric U | KEP 2 me |
| gava rise to immediate cause (a), stating the underlying cause lest. (c) CARCINC | ma, stomper | 1 9mc |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVE | IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO |
| 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 While Not While et work et work | ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.) | (County) (State) |
| 21. I certify that (I) (this hospital) attended the deceased from | | , 19 (1) (we) la |
| 220. SIGNATURE L., Roscoe Greer Mid | at death occured a A.G.M., from the causes at ATENDING MED. STAFF PHYS. DIRECTOR PHYS. | ad on the date stated above 22b. DATE SIGNE |
| 22c. PHYSICIAN'S NAME (Type) J. ROSCOE Creen | 1800 Eye Ar. M. M. | Insh. 6 D.C. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY SHIPPED 5/22/61 THOMPSON & CA | OR CREMATORY ARPENTER FUN. 23d. LOCATION (City, town | |
| 24 EMMERAL DIRECTOR'S SKINATURE ADDRESS ROCKVIL | 182V 0 4 104 | STRAR'S SIGNATURE |

Exsanguine tien Perforteed Construe Vlege 2 me appending, stomped 900 THOMPSON & CARTESTER FOR MARE, STATEMENTO, E. C. 10/38/3 DEFENDED We kind of the continue was not all the state of the

STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY e. STATE b. COUNTY by the and 2 seeth. MARYLAND b. CITY OR TOWN (if outside corporata limits, CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give hearest town) .5 7 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not e. IS RESIDENCE ON A FARM? YES NO etely papers. NAME OF DATE DECEASED OF (Type or print) DEATH 196 5. SEX UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years and last birthday) Months Days Hours car WIDOWED 7 DIVORCED physician гетоме 12. CITIZEN OF WHAT COUNTRY? done during most of working life, Products please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or yakown) | (Ifyesgive war or dates of service) None the 1B. CAUSE OF DEATH [Enter only one cause perpline for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY certificate PERFORMED? use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter native of injury in Part I or Part II of Item After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., etc.) Not While While at work at work DIRECTOR: to Man 16 and that death occured about, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR on PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S ector, 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. CEMOVAL (Specify) S. g. g 00 Rabbilsaac Everett, Mass. Burial May 19 Elchonan Cem-24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arlhun S. Kraus

NO

(State)

SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

1 VEU Continue Transfer Present Broaks Line 1 Continue white will to the toward End and 1904 16 16 18 Sing 1901 111:1111 Warren Ha Kalendary HORING H. KULEUSTESS EVENS, H. Ave. Takon DIVK, Mais August May 19, 1961 Resbildent Michogen Com. Everatt. Mer CALLED CONTRACT FOR SELECT ON MALE IT SOME THE

de de de may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any pront, within 72 hours after death rithin 24 hours after UAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be TO

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| - 1- | | | |
|------|---|--|------------------------------------|
| 1 | 1. PLACE OF DEATH 6. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If institution: | Residence before admission) |
| / | 11. + - | a. STATE b. COUNTY | / |
| - | b. CITY OR TOWN (if optside corporata limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN If outside corporate limits, write RURAL and | d give nearest town! |
| | write RURAL end give neerest town) | C. CITT OK TOWIT (II outside corporate minis, wille kokke one | y y ro nourous roung |
| | 12 Koma Park 3 days | E)-16 | 7 5 X -3 |
| - | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) | d. STREET ADDRESS | IS RESIDENCE ON A FARM? |
|] | Washington Sanitarium + Hospital | 533 Shenley Drive | YES NO |
| | 3. NAME OF First Middle | Last 4. DATE Month | Dey Year |
| | (Typa or print) Milared Marie | Anderson DEATH 5 - | 18 1961 |
| 7 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | DATE OF BIRTH 9. AGE (In yeers If UNDER 1 lest birthdey) Months | |
| | Female White WIDOWED DIVORCED | 10-11-05 55 yrs. | Deys Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | Y 11. BIRTHPLACE (County & State, or foreign country) 12. CIT | ZEN OF WHAT COUNTRY? |
| | | Frie Ponna | 11.5.A |
| - | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | ELOI | 1 R+ | |
| | Trank Underson | Mhnz Wuizer | |
| - | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no, or unkown) ((Ifyesgivewerordatesofservice) | NFORMANT (Address | |
| | | HOSP TECOTOS | |
| 1 | 18. CAUSE OF DEATH [Enter only one ceuse per fine for (a), (b), end (c).] | He. | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (e) | | - January |
| | DUE TO | 7 1 (5/) | 1 in |
| | Conditions, if eny, which gave rise to immediate cause | / francier (Head) | 1 |
| | (a), steting the underlying DUE TO | | |
| | ceuse lest. (c) | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? |
| | | | YES NO |
| | 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED | (Enter nature of injury in Pert I or Part II of itam 18.) | |
| | OR CONTRIBUTING CAUSE OF DEATH | Tallot hareto of injery in room of rem to hear to h | |
| - 1 | | | |
| | | CE OF INJURY (Home, ferm, ' 20f. (City or town) (Cou ory, street, office bldg., etc.) | nty) (State) |
| | Hour a.m. While Not While p.m. 19 at work et work | | |
| | 21. I certify that (I) (this hospital) attended the deceased from | May 13 , 1961, to May 18, 19 | 6 (that (1) town) last |
| 1 | | 7 250 | |
| | saw the deceased alive on May 19 6, and that | death occured at | |
| -1 | 22a. SIGNATURE | ATTENDING MED. STAFF | 22b. DATE SIGNED |
| | | D. PHYS. DIRECTOR PHYS. | 7 |
| 1 | 22c. PMYSICIAN'S NAME (Type) PANNIAL O MEST | 22d. ADDRESS | 0.1. ms |
| | KAYMOND O. VOLSI. | 1600 carriel ave. Jaking | Park. Me |
| | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county | y) (Stata) |
| | REMOVAL (Specify) May 24, 1961 Home Cemet | cry Chrema starion. | This. |
| A. | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAT 256. REGISTRAR'S | SIGNATURE |
| | V. (Inthus Tal alters, acil Carrell DI M | DATEMAY 22'61 arthur S. | |
| 1, | 13 comme to accord, 234 cavara 120 100 | DATEMAT 2 2 01 | |
| 6 | | | |

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5727

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05715

| r d | | |
|-----|--|--|
| | PLACE OF DEATH 2. | USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) |
| R. | a. COUNTY | e. STATE b. COUNTY |
| N | Maryland Maryland | me minta |
| 4 4 | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give near st town) |
| | wrighRURAL end give verrest town) | C. CITTON TO WITH IN COURSE WINNES, WITHE KOKAL and give needs (IOWA) |
| | 7 70 V 100 V 9 860 | 11. 01. |
| 1 | - chivsoniele / for | Nauswille |
| 7 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) | d. STREET ADDRESS e. 15 RESIDENCE |
| | La 1 P 1 - 1 P | ON A FARM? |
| M | ma K-121 - Bomb | no 12/ Barola YES NO 1 |
| - 1 | 3. NAME OF First Middle | |
| | DECEASED | Last 4. DATE Month Dey Year |
| | (Type or print) | DERFU ha |
| | wwy copples | nan 111ay 26 1961 |
| -1 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA | ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | | last birthday) Months Deys Hours Min. |
| | WILL WIDOWED DIVORCED JUNGCED | - 2 X - 7/ 89 yrs. |
| 11 | 10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 | 1. BIRTHPLACE (State or foreign country) [12. CITIZEN OF WHAT COUNTRY? |
| 71 | done during most of working life, even if retired | 12. CITIZEN OF WHAT COUNTRY |
| | 24. 1 .11. X. 1 /) (int. 1/7 / / | N.S. 1 |
| | I Much Selvol Docus Cuplay, RR- | This M-S Ca |
| - 1 | 13. FATHER'S NAME | MOTHER'S MAIDEN NAME |
| | | |
| | La Coleman | CAM Classick - |
| - 1 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO | Day Namue |
| - 1 | (Yes, no, or unkown) [(Ifyesg ve varor datas of servica) | Address |
| | N | 122 001 17.1. |
| | rus | ane leles Joularun 190 |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | PAD AND AND ANTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| | IMMEDIATE CAUSE (0) Ceretral huma | That I daysting - |
| | | a stral |
| | DUE TO | -udo |
| | Conditions, if any, which) (b) full to | 0 |
| | gove risa to Immediate cause (b) | y and agreed |
| | DUETO | |
| | (e), stelling the underlying | |
| | cause last. (c) | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE | LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| - 1 | 9 | PERFORMED? |
| -1 | AAT | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI 208. EXTERNAL CAUSE WAS PRIMARY SQ or CONTRIBUTING COURTED TO THE PRIMARY SQ OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI 208. EXTERNAL CAUSE WAS PRIMARY SQ OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI 208. EXTERNAL CAUSE WAS PRIMARY SQ OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI 208. EXTERNAL CAUSE WAS PRIMARY SQ OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI 208. EXTERNAL CAUSE WAS PRIMARY SQ OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI 208. EXTERNAL CAUSE WAS PRIMARY SQ OR CONTRIBUTING CO | YES NO W |
| | 208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter | nature of injury In Pert I or Pert II of item 18.) |
| | PRIMARY OF CONTRIBUTING | |
| - 1 | | ralle thround as skull |
| -1 | 3 20c. TIME OF INJURY Month, Day, Year 20 INJURY OCCURRED 20c. PLACE C | F INJURY (Home, farm, 20]. (City or town) (County) (State) |
| | Hour a.m. While Not While factory, | figeet, office bldg., atc.) |
| - 1 | | |
| - 1 | \$ 8.45 - 3-26 196) al work of work h | me Dansmille muto ma |
| -1 | 21. I certify that I took charge of the remains described above, held a | n Autopsy . Inspection . Inquiry . and in my opinion |
| - 1 | | |
| - 1 | death resulted from: Natural causes , Accident , Suicide | Homicide Undetermined manner |
| | | |
| | (+ , 0) | CHIEF MEDICAL EXAMINER |
| М | ACTUAL TOURS | ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| 4 | SIGNATURE STATE A | A.D. ASSISTANT MEDICAL EXAMINER [|
| ٠, | | DEPUTY MEDICAL EXAMINER |
| -1 | EXAMINER'S TILLIEUT Sheet bold | 2 20 26 26 |
| | NAME (Type) FLANK 1 ISTUSCHELT | Addrass (Street, city, town, or county) |
| | 228. BURIAL, CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY OR CRE | MATORY 224 LOCATION (City, town, or country) (State) |
| | REMOVAL (Specify) | 1 40 11 11 |
| | 12420 11429-61 11400 Phonest | - NouTh Doubl Suche |
| F | 23. FUNERAL DIRECTOR ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| | ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| | | |
| | dielle C. H. It a 11 | and DATE MAY 31 '61 arily S. Kins |

5M 9/60

Retried where Board Suply in Son Therene . Burel The tracking the state of the s a way see their Forest - don'the Court which weeken I the the Comment they had no marger at a second

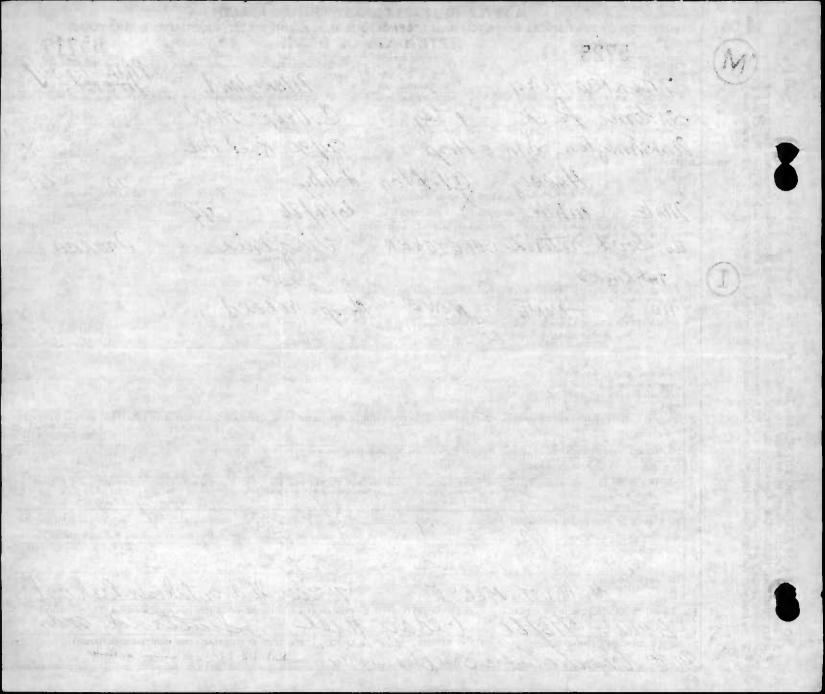
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| 5728 | | 00011 |
|--|---|-----------------------------------|
| 1. PLACE OF DEATH 8. COUNTY | 2. USUAL RESIDENCE (Whare daceased lived, If institution Res | dered before of missign |
| montcomery MARYLAN | D . STATE MARISAND b. COUNTY/ | THE V |
| b. CITY OR TOWN (if outside comprete limits, write RURAL and give nearest lown) | 1b c. CITY OR TOWN (If coside corporate limits, write RURAL end g | give neerest town) |
| JAKOMA Fask I day | College TARK | (() |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS | IS RESIDENCE ON A FARM? |
| WAShington SANE HOSD | 9430 R. S. Hul. | YES NO |
| 3. NAME OF First Middle | Logt 4. DATE Month | Dey Yeer |
| (Type or print) HARRLY (1, Sto) | V AShbu DEATH 5 10 | 1961 |
| 5. SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED | B. DATE OF BIRTH | EAR IF UNDER 24 HRS. |
| MALE WILLIAM WIDOWED DIVORCED | 6/7/86 Purs. Months De | ys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, exan if retired) | USTRY 11 BIRTYPLACE (County & State, or foreign country) 12. CITIZE | EN OF WHAT COUNTRY |
| Us. Doux retired CHRETAKER | Virginia Hn | MERICA |
| 13. FATHER'S NAME | 14. MOTHER'S MANEN NAME | |
| 1nt KNOWN | Wat SNOWN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) (Ifyes give wer or dates of service) | 7. INFORMANT Address | |
| no -NOME NONE | Hosp relord | |
| 18. CAUSE OF DEATH [Enter only one cause per lime for (e), (b), and (c). | | ONSET AND BEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Check Cor. | nary Oleluoun | 2/620. |
| DUE TO | | |
| Conditions, if any, which (b) | | |
| geva rise to immediate cause (e), stating the underlying DUE TO | | |
| cause last. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 | (e) 19. WAS AUTOPSY PERFORMED? |
| | | YES NO |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) | URED. (Enter neture of Injury in Pert I or Pert II of item 18.) | |
| | | |
| | PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County factory, straet, office bldg., etc.) | y) (Stete) |
| Hour a.m. While Not While et work all work | 1 | , |
| 21. I certify that (I) (this hospital) attended the deceased from | om 3/10, 1961, to 3/10, 1961 | ., that (I) (we) las |
| 6//2/ | that death occured at J. M. from the causes and on the | e date stated above |
| 225. SIGNATURE | | 22b. DATE SIGNE |
| Howard & Morse | M.D. PHYS. MED. STAFF DIRECTOR PHYS. | SIGNE |
| 22c. PHYSICIAN'S NAME (Type) HOWHAD T. MORSE | 7030 Courall and Takoma to | rek seed |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF/CEMETI | ERY OR CREMATORY 23d. LOCATION (City to a county) | (Sta)6) |
| REMOVAL (Specify) 5/12/6/ Perar | Hill Suttand | - meti |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO | ele (me 250. REC'D BY REGISTRAR 256. REGISTRAR'S SK | |
| 21.11) L frankents Inc. 5801 4 Com. | Candas. DATEMAY 12'61 wind d. H. | noMA |
| The state of the s | | |



FOR STATE EALTH DEPT.

please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thealth, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours and the many forms. 0 5

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 5770 Items | 18-21 Film G | 389 5/1576 | L COI DEATH | 00119 | | | | |
|--|--|---|---|--|--|--|--|--|
| 1. PLACE OF BEATH O. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDENT | CE (Where decessed lived, If ins | stitution: Residence before admission) Montg. | | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give neasest lown) TAKOMA PAPK | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (I Takoma Pa | foutside corporete limits, write R | URAL and give nearest lown) | | | | |
| d. Name of Hospital or Institution (if not in hos Washington San & Hospital | | d. STREET ADDRESS 7335 Cari | oll Ave | o. IS RESIDENCE ON A FARM? YES NO K | | | | |
| 3. NAME OF First DECEASED (Type or print) Robin Lou | | Last | 4. DATE Month OF DEATH MAY | 1 1961 19 | | | | |
| female 6. COLOR OR RACE 7. MARRIE White WIDOWE | | 2/14/60 | 9. AGE (In years IF last birthday) yrs. | UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) | IND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Siele Marylar | | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | | | |
| Euel Atchey | | Esther Ni | Lxon | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordatesofservice) | SOCIAL SECURITY NO. 17. I | NFORMANT Euel Atchey | Address Item 2 | 2 | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 871. O DUE TO | immediate cause (a) Pilltown polsoning 1/2 days | | | | | | | |
| I make also to immediate annual | gave rise to immediate cause (e), stating the underlying DUE TO Liver contained 18mg. % Meprobamate. | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONDIT | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | IAL DISEASE CONDITION GIVEN | IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | | | | |
| 10 | ok Miltown ta | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 2Dd. While 8-9 p.m. 4-29- 19 61 el wor | Not While Office feet | CE OF INJURY (Home, ferm ory, street, office bldg., etc. Home | | (County) (Siele) Montgomery, Md | | | | |
| 21. I certify that I took charge of the rem | nains described above, he | ld an Autopsy X. | Inspection , Inquiry | | | | | |
| death resulted from: Natural causes | Accident X. Suici | de , Homicide | , Undetermined man | ner | | | | |
| | | CHIEF MEDICAL E | XAMINER [| | | | | |
| SIGNATURE Shound J. / | romhait | M.D. ASSISTANT MEDI | CAL EXAMINER | DATE SIGNED 5/2/61 | | | | |
| NAME (Type) Frank J. Brosch | nart | | ity, lown, or county) | 7/2/01 | | | | |
| SEMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) | Elorge Washim | ton Clanettey | Prepier Glarges (| County, Md. | | | | |
| 23. FUNERAL DIRECTOR De Carra De Carra De Carra De Carra De Carra De Carra | LU III NU A | DATE MA | | RAR'S SIGNATURE | | | | |

A THE RESERVE OF THE PARTY OF T

STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESE USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY Page a. STATE b. COUNTY MARYLAND files. b. CITY OR TOWN (if outsige corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give haerest town) director. write RURAL and give mearast town) Your Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO the State NAME OF DECEASED (Type or print) DEATH after 3 10 with AGE (In years of UNDER 1 YEAR lest birthday) S. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 2 wit age 5 may 1 and 2 wit 72 hours a Hours pue WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? ci 1Db. KIND OF BUSINESS OR INDUSTRY Give Pages 1, 2, orm PM3. Page 5 done during most of working life, avan if retired pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Dilger File form even WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8 (Yas, no, or unkown) | (If yas give wer or dates of service) permit. with no in Item executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in pencil DUE TO removal, pluods Conditions, if eny, which gave risa to immadiete ceusa "pending" 10 Examiner's DUE TO (e), stating the underlying 98 0 should be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word Id be forwarded to the Chief Medical EXERL DIRECTOR: Page 3 should be lesignated agent, prior to burin, cremat NO -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (Stete) fectory, street, offica bldg., atc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry forwarded to L DIRECTO death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE > DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREC (Stete) REMOVAL (Specify) Alexandria Virginia 240 p 6/3/61 Bethel Cemetery OH Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR 'S Sons Hyattsville, Md. arthur & Kraus VS. AISME JUN 2 DATE SM 9/60

LAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

| ISION OF STATISTICAL | RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA | LTIMORE 1, MARYLAND |
|----------------------|---|---------------------|
| 5731 | CERTIFICATE OF DEATH | 05720 |
| V 3 V 1 | | |

| | PLACE OF DEATH | | | | 2. USUAL RESIDEN | CE (Where dec | eesed lived, If | institution: Resi | idence befor | e edmission) |
|---------------|---------------------------------|-----------------------------|---|--|--------------------------------|-------------------|-----------------|-------------------|--------------|-----------------------|
| | e. COUNTY | | | | e, STATE | | b. COUN | | 1 | |
| | Montgomery b. CITY OR TOWN (if | oulside corporete limits | , | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (| If outside corpor | | RURAL and g | ive neerest | town) |
| | | give neerest town) | | 3 3 | A T a superior d'and a | | | 1 | 3 X | 4 |
| | Bethesda (| | | 1 day | Alexandria | 3. | | | 15 | DECIDENCE |
| W | d. NAME OF HOSPII. | AL OR INSTITUTION (if | not in hospi | itel, give street eddress) | d. STREET ADDRESS | | | | | RESIDENCE |
| 1 | U. S. Nava | 1 Hospital | | THE RESIDENCE OF | 4535 Tanes | Ave | Apt. 2 | 203 | | NO X |
| | NAME OF | First | | Middle | Last | 4. DATE | Month | | Dey Y | feer |
| | DECEASED (Type or print) | Antho | nv | Edward | BAKER | OF DEATH | Mav | 1 | 5 1 | 9 61 |
| 5 | SEX | | | | DATE OF BIRTH | 19. | AGE (In yeers | | | DER 24 HRS. |
| 1 | 047 | | | | Company of the second | | lest birthdey) | Months Da | | 1 111 |
| M | ale | Caucasian | WIDOWED | DIVORCED _ | May 14, 196 | ol | yrs. | | 16 | 23 |
| | | ON (Give kind of work | | ND OF BUSINESS OR INDUSTR | | | oreign country) | 12. CITIZE | N OF WHA | T COUNTRY? |
| do | one during most of wor | king life, even if retired | 1) | | Manualan | | | TIC | A . | |
| | | | - | | Marylar | | | US | A | |
| 13. | . FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| 1 | George Edw: | in BAKER | | | Lea Marie H | TERRART | | | | |
| 15. | . WAS DECEASED EVE | R IN U.S. ARMED FOR | ES? 16. S | OCIAL SECURITY NO. 17. I | NFORMANT | | Address | | | |
| | | yes give war or detes of se | | | | | | | | |
| | No | | | | George E. I | Baker, s | ame as | #2 abo | ve | |
| | 18. CAUSE OF D | EATH [Enter only one | ceuse per lin | ne for (e), (b), end (c).] | | | | | ONSET AN | |
| | | WAS CAUSED BY: | | Prematuri | 1 | | | | 1// | 23 |
| | | MMEDIATE CAUSE (a)_ | | 1 remarin | 7 | | | | 1000 | 1-3/14 |
| | 176 | DUE TO | | | Q . | | | | | |
| | Conditions, if eny, | which (b) | | | | | | | | |
| | geve rise to immedia | DUE TO | | | | | | | | |
| | (e), sleting the un | iderlying DOE TO | | | | | | 10000 | | |
| | ceuse lest. |) (c)_ | | | | | | | | |
| Z | PART II. OTHER | SIGNIFICANT CONDIT | IONS CONT | FRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMI | NAL DISEASE C | ONDITION GIV | EN IN PART 1 | | S AUTOPSY REORMED? |
| Ĭ | | | | | | | | | YES TO | 4 |
| S. | 2De. ACCIDENT WA | C LINDEDI VINIC IT I | 20h DESC | RIBE HOW INJURY OCCURED | (Enter nature of injury in | Part Lor Part II | of item 1R) | | 1 100 | |
| CERTIFICATION | OR CONTRIBUTING | CAUSE OF DEATH | 200. 0130 | KIBE HOW INJOK! OCCORED | . (Lines nerale of injury in | 7011101701111 | 01 110111 10.7 | | | |
| | (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | |
| MEDICAL | 20c. TIME OF INJUI | RY Month, Dey, Yee | r 2Dd. II | NJURY OCCURRED 2De. PLA | | | or town) | (County | 1) | (Stete) |
| ä | Hour e.m. | | While | 1401 4411110 | ory, street, office bldg., etc | :-) | | | | |
| Z | p.m. | 19 | el work | | | - | | | | |
| | 21. I certify I | nat 1 (this hospita | al) attend | ed the deceased from | May 14 | 1901, to | May 15 | , 19.0 | that (A | (we) last |
| | | | | .,19.61., and that | | 3QAM | the causes | and on the | date sta | ted above |
| | | ed allye oll | · J · · · · · · · · · · · · · · · · · · | The state of the s | death occured at | | 1110 600303 | and on me | | 22b. DATE |
| | 220. SIGNATURE | 4 | 1 01 | | ATTENDING_ | MED. | STAFF | | | SIGNED |
| | Xnu | rence | t, M | come M | .D. PHYS. | DIRECTOR | PHYS. | | 5-1 |)-PT |
| | 22c PHYSICIAN'S | V | | | 22d. ADDRESS | | | | | |
| | NAME (Type) | Lawrence G | . THO | RNE, LT, MC, U | U.S. Na | aval Hos | pital, | Bethes | da, M | 1. |
| 23 | | ON, 23b. DATE THER | EOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCA | TION (City, to | wn or county) | | (State) |
| | REMOVAL (Specify) Burial -Shi | pment 5-1 | 6-61 | St. Mary's | Cemetery | Norfe | olk | ŁV | rgini | a |
| | FUNERAL DIRECTOR | S SIGNATURE | 0 | Q. BORESS | | C'D BY REGISTE | | GISTRAR'S SIC | SNATURE | |
| - | KALL | M H. Finn | phrey | | M. | AY 1 8 '61 | (1 | May 8. + | 4 | |
| K | . A. Pumph | rey runeral | Home | , Bethesda, Mo | DATE | | | 2. / | CLAUM | |

ithin 24 hours after TO LOS ATTENDING PHYSICIAN: The law requires that the death certificate be entitled to the hours death care and completely filled in by the figure of process. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figure director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2st be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DIV

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Samuel Thomas - The way of the same of

Levence G. Mindle, of, Mi, USI U. S. Nevel Easting, Believel, M.

Burral - Migratu 5-16-61 Bt. Mary's Constery Hor ols Virginia

it. . . running g'oner l Hold, de chesaut. .u.

5-15-61

FOR STATE

TO TO TABDICAL EXAMINER: This certificate should be executed within 24 hours after death the lector. Page is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Trailth, it designated agent, prior to burial, cremation, or removal, and in any examinin 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05721

| | I. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence | before edmission) |
|---|--|---------------------------|
| | a, SIATE 6. COUNTY | |
| 1 | b. CITY OR TOWN (if outside corporate limits write RURAL and give ne wite RURAL and give restreet lowf) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give ne | |
| 1 | | -100, 10 11.17 |
| 4 | d. NAME OF HOSPITAL OF INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS | . IS RESIDENCE |
| | in To all Civil and Control of the c | ON A FARM? |
| | Meth, Church - C. W. Hy W. + Jrub Rd 12620 Calston My | YES NO |
| | 3. NAME OF DECEASED First Middle Lest 4. DATE Month Dey | Yeer |
| | (Type or print) / homas Harries Barken DEATH May 26 | 1961 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours UNDER 1 YEAR II | UNDER 24 HRS. |
| | Made WHITE WIDOWED DIVORCED 1-11-1907 Suyrs. | Hours Min, |
| 1 | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPI ACE (State of foreign country) 112 CITIZEN OF | WHAT COUNTRY? |
| | done during most of working life, even if relired) | - 1 |
| 1 | 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME | , a |
| | 13. FATHER'S NAME | |
| | Harry Baker Bearie Smith | |
| 4 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give wer or detes of service) 220 - 34 - 2722 Co A | |
| | No Not located Elin, Baker (wit) Ilian | 2 |
| | | VAL BETWEEN |
| | TANTI VEATIII WAS CAUSED SI: /[/ | T AND DEATH |
| | 4201 DUE TO | ieuc, |
| | | |
| | geve rise to immediate cause | |
| | (a), stetling the underlying DUE TO | |
| | cause last. (c) | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) 19. | WAS AUTOPSY PERFORMED? |
| | (5) History () Answorm Corner disease YES | |
| 7 | 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING (D. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) U CAUSE OF DEATH. | |
| | CAUSE OF DEATH. | |
| 1 | 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) | (Stele) |
| | Hour e.m. While Not While fectory, street, office bldg., etc.) | (0.0.0) |
| | | |
| | | my opinion |
| 9 | death resulted from: Natural causes XI, Accident , Suicide . Homicide . Undetermined manner | |
| | CHIEF MEDICAL EXAMINER | |
| 4 | SIGNATURE Trank O. Suschard M.D. ASSISTANT MEDICAL EXAMINER DAY | TE SIGNED |
| | EXAMINER'S 5-26 | 61 |
| | NAME (Type) FT AWK J BAUS Chany Address (Street, city, town, or county) | |
| | 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) | (Stete) |
| 1 | Burial May 29, 1961 Prospect Hill Park Cemetery Towson, Maryland | |
| 1 | 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | |
| 1 | Warner E. Pumphrey, Inc., Silver Spring, Md. | |
| Ī | Kaymond a Jestea DATEUN 1 '61 ariling 8. Known | |
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| | 1. PLACE OF DEAT |
| (IVI) | b. CITY OR TOV |

after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TOH VR A1S (4) 1SM 9/S9

| 2 \$ 1 | 00 | | CEICII | IICA | IL OI DEATH | | | 0 0 | 8 -017 | |
|---|--|-----------|-------------------|-----------------|---|--------------------|---------------------------------|------------------|--|-----|
| 1. PLACE OF DEATH a. COUNTY Montgome: | ry | | MA | RYLAND | 2. USUAL RESIDENCE (W a. STATE New Jerse | | ved. If institution b. COUNTY | an: Residence be | efare admission) | |
| b. CITY OR TOWN (RURAL and give n | If autside carporate limit | s, write | c. LENGTH OF STA | | c. CITY OR TOWN (If | | e limits, write R | URAL ond give | nearest tawn) |) |
| Bethesda d. NAME OF HOSPI | TAL (If nat in haspitol, gi | ve street | 3 days | | d. STREET ADDRESS | | | 5 / | e. IS RESIDENCE | |
| OR INSTITUTION | | | | Md. | | dama Arr | | | ON A FARM? | |
| 3. NAME OF | ical Center | | hesda ll | | Lost Lost | dere Av | Man | * | Day Yeor | |
| DECEASED (Type or print) | | erine | | rice | Bateman | OF DEATH | Mar | | 14. 1961 | |
| S. SEX | 6. COLOR OR RACE | 7. MARR | IED X NEVER MAR | RIED | B. DATE OF BIRTH | 9. | AGE (In years lost birthday) | Manths Days | AR IF UNDER 24 HR | _ |
| Female | White | WIDOWE | D DIVOR | CED 🗌 | June 2, 191 | .8 | 12 yrs. | Monnis Day | s rious min. | |
| 10a. USUAL OCCUPATION during most of wor | ON (Give kind of work d king life, even if retired) | lone 10b. | KIND OF BUSINESS | OR INDUS | TRY 11. BIRTHPLACE (State | or fareign coun | itry) | 12. CITIZEN | OF WHAT COUNTR | Υ? |
| Housewif | | | None | 3117 | Cana | da | | I | U.S.A. | |
| 13. FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| | . Ireland | | | | Olive B. | Hambley | | | | |
| 15. WAS DECEASED EVE (Yes, no, or unknown) | R IN U. S. ARMED FORG | CES? 16. | SOCIAL SECURITY N | 10. 17. IN | | ical Re | cord Addr | ess | | |
| No | | | 16-32-235 | The Th | e Clinical C | | | 2 11 M | arvland | |
| | ATH [Enter anly one cou | | | c).] | | | | 111 | NTERVAL BETWEEN | 1 |
| PARI I. DEA | TH WAS CAUSED BY: | -nt | racerebra | 1 heme | orrhage | | | | 3 hours | \$ |
| 1 1 | DUE TO | TI | | | | | | | | |
| Canditians, if a | | пур | ertensive | Card | iovascular Di | lsease | | | 8 years | 1 |
| cause (a), stoting | | | | | | | | | | |
| lying cause last. |) (c) | | | | | | | | | |
| PART II. OTI | HER SIGNIFICANT CONE | DITIONS C | CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE C | CONDITION GIV | EN IN PART 1(o) | 19. WAS AUTOPS PERFORMED? YES NO | |
| | AS UNDERLYING DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY | OCCURRED |). (Enter noture of injury in | Port I ar Port II | af item 18.) | | | |
| Y 20c. TIME OF INJUI Haur a.m. p. m. | RY Manth, Day, Yea | While | Not while of work | 20e. PLA fac | CE OF INJURY (Home, far fary, street, affice bldg., et | m, 20f. (City ar | tawn) | (Count | ty) (Stat | te) |
| 21. I certify the | ot (I) (this hospital) |) attend | led the deceose | d from. | lay 11, 19 | 61 . to M | av 11. | , 19.61, | that (I) (we) la | st |
| | sed aliveron May | | | | eath occurred attal | | | | | |
| 220 SIGNATURE | 0 6 00 | | | | | | | | 22b. DATE SIGNE | |
| Vhanne | 2 Ttoff | ~ | | 1 | A.D. PHYS. | AED. DIRECTOR [| PHYS. | | 5/15/61 | - |
| 22c. PHYSICIAN'S NAME (Type) | THOMAS E. | after | MEV M D | | 22d The Clin | ical Cer | nter. Na | ational | Institut | 0 |
| | THOMAS E. | OALT. | NEY, M.D. | | of Healt | h. Both | esda 1h | Maryl | and | |
| 23a. BURIAL, CREMATIC REMOVAL (Specify | | 61 | 23c. NAME OF CE | METERY OF | | | OFON | ar county) | a Nada | |
| 24. FUNERAL DIRECTOR | 'S SIGNATURE ambele Ce | , : | 30 92 M | ST | NW 250. REC | D BY REGISTRA | 1 | STRAR'S SIGNAT | | |
| | | 1 | | | | | | ~ 100000 | Laured | _ |

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FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fround after death.

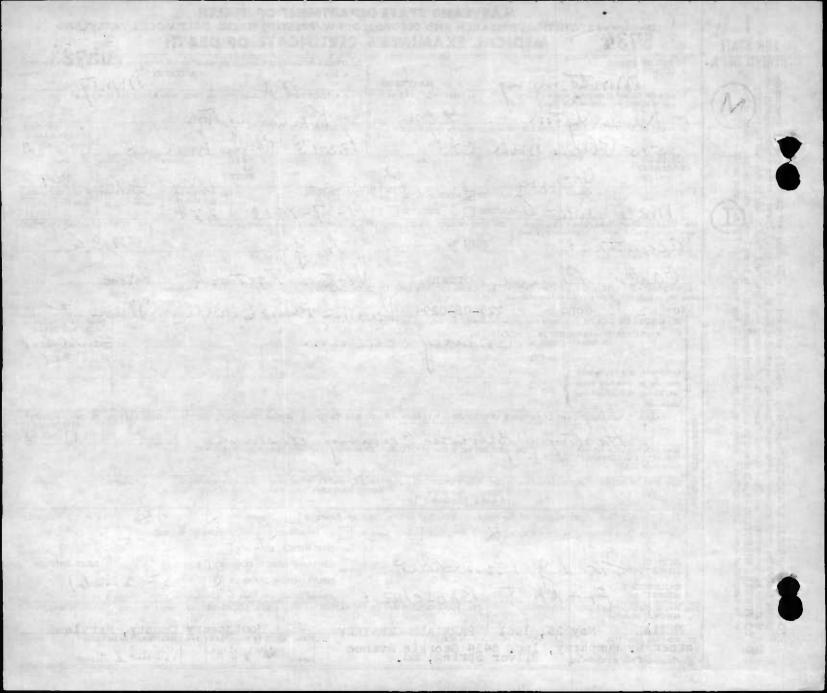
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5734 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| O O O X MEDICAL EXA | MINER & GERTINGATE OF PEA | LEBOU - |
|---|--|---|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decased live | ed, If institution: Residence before a limission) |
| o. COUNTY | a. STATE , A b. | COUNTY M |
| Monteomery | MARYLAND | 11mg |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give parest town) | OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits | , write RURAL and give nearest town) |
| While KOKAL and give searest town) | 1. 42 / | |
| - Lusulyton | In Musington | 10 BEGINTHES |
| d. NAME OF HOSPITAL OR INTITUTION (if not in hospitel, give st | d. SIKEEI ADDRESS | IS RESIDENCE ON A FARM? |
| 3515 Flix mill CX | 12515 (Elyles hr. | 10 th YES NO Z |
| 3. NAME OF First | Aiddle Last 4. DATE | Month Dey Yeer |
| DECEASED (11. | 2 | |
| (Type or print) | Danes DEATH MO | 4 22 196/ |
| 5. SEX 6. COLOR OR RACE MARRIED NEVER | MARRIED B. DATE OF BIRTH 9. AGE (In | |
| 10 | 11 7 11 7 | Months Deys Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSH | | 1 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) | NESS OK INDUSTRY II. BIKTHPLACE (Stete or foreign country) | 12. CHIZEN OF WHAT COUNTRY? |
| accente to own | M. U. | 91.86 |
| 13. FATHER'S NAME | 14. MOTHER'S WAIDEN NAME | |
| D. 0 | .1. \ | |
| Carle Bauer German | | Poland |
| | URITY NO. 17. INFORMANT | d dress |
| (Yes, no, or unkown) (Ifyasgivewarordatesofservica) | 201 1/ 1 . 2 . 1 2/ | 1 97 3= |
| No None 225-05-03 | | 1 Ilun |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b |)), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | y veelusion | Frank deal |
| (1) | 0.000000 | 7.1 |
| 7201 DUE TO | | an bed |
| Conditions, if eny, which (b) | <u> </u> | |
| geve rise to immediate cause (a), stating the underlying DUE TO | | |
| cause lest. | | |
| (0) | O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIO | N GIVEN IN PART 1/4/1 10 WAS ALITOREY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | - DEATH OF REALD TO THE TERMINAL DISEASE CONDITION | PERFORMED? |
| 3 History A previous | is Cornery desence | YES NO |
| 200. EXTERNAL CAUSE WAS / PESCRIBE HOW INJ | URY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) | |
| PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | 4 | |
| | | |
| 3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCC | 40 111 | (County) (Stata) |
| Hour a.m. While Not Wh | | |
| | | . 5 |
| 21. I certify that I took charge of the remains descr | ibed above, held an Autopsy, Inspection K, | nquiry K, and in my opinion |
| death resulted from: Natural causes , Accide | nt . Suicide . Homicide . Undetermin | ed manner |
| | CHIEF MEDICAL EXAMINER | |
| ACTUAL O B | | |
| SIGNATURE THE A DING | CLLY ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| PARAMETER A | DEPUTY MEDICAL EXAMINER | 5-22-61 |
| NAME (Type) FLANKT RLA | SENALL Address (Street, city, town, or county) | - 0 |
| | OF CEMETERY OR CREMATORY 22d. LOCATION (City, | town, or country) (Stete) |
| REMOVAL (Specify) | 220 200 11011 (611) | (0.014) |
| BURIAL May 25, 1961 PARKI | | County, Maryland |
| | | |
| Warner E. Pumphrey, Inc. 8434 Geo | Md. Avenue | Ciriling S. House |
| Kaymenil a Listla Silver Spring | I DAIL | at, 1 Visualis |
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DIRECTOR: O FUNERAL VR A15 (4)

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FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hamilton is designated agent, prior to burial, cremation, or removal, and in any evertwithin 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any event

VS. A1SME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05725

| | 1. PLACE OF DEATH o. COUNTY | 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) |
|---|--|---|
| 1 | month contry MARYLAND | a. STATE b. COUNTY M. A. L. |
| ~ | b. CITY OR TOWN (if outside/corporate limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| d | write RURAL end give nearest town! | |
| | Silver James 14 ym | Silver James |
| | d. NAME OF HOSPITAL OR INSTITUTION (not in hospital, give street ordress) | d. STREET ADDRESS o. 15 RESIDENCE ON A FARM? |
| | HOA Deeple and Core | 420) LOOP (ALT YES NO [] |
| | 3. NAME OF First Middle | Lost 4. DATE Month Day Year |
| | (Type or print) | OF DEATH M 2 10// |
| 1 | 1. 11 h | 11 km 3 176/ |
| 1 | 5. SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jest birthdey) Months Days Hours Min. |
| | Les la White WIDOWED DIVORCED | 3-15-96 64 yrs. V Months Days Hours |
| 1 | 102 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | dene during most of working life, even if retired) | R. MeP |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| V | 1/ -1/ | 14. MOTHER 3 MAIDEN NAME |
| 1 | TTILLEL Tramm | Miknow |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or ankown) (Ifyesgive warordatesofservice) | NFORMANT |
| | NO - NONE 40 | of ctaller - IT |
| | 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] | I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| - | IMMEDIATE CAUSE (a) Cornary of | thisin tome dead |
| | DUE TO | in Les |
| | Conditions, if any, which (b) | |
| 1 | gave rise to immadieta causa | |
| | (e), stering the underlying | |
| 1 | (6) | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE STATE OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT PRIMARY OF CONTRIBUTION | PERFORMED? |
| 1 | 3 Tristry & previous corma | my desiase YES NO V |
| 1 | 200. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (EF | nter nature of injury in Part t or Part II of item 18.) |
| 1 | CAUSE OF DEATH. | |
| | 3 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20c. PLAC | CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) |
| 4 | at west at west | ory, street, office bldg., etc.) |
| | p.m. 19 WORK at WORK | |
| | 21. I certify that I took charge of the remains described above, hel- | d an Autopsy . Inspection . Inquiry . and in my opinion |
| П | death resulted from: Natural causes Accident . Suicident . | de, Homicide, Undetermined manner |
| 7 | 1 | CHIEF MEDICAL EXAMINER |
| | ACTUAL 10 /dans to A | ASSISTANT MEDICAL EXAMINER TO DATE SIGNED |
| | SIGNATURE Many J. | DEPUTY MEDICAL EXAMINER A |
| 1 | EXAMINER'S TO ALL TRANS | 0-0-6/ |
| | NAME (Type) FLAMIN J. JAOSCH 2LT | Address (Street, city, town, or county) |
| | 228. BURIAL, CREMATION, 22b. DETETHREOF 22c. NAME OF CEMETERY OR | CREMATORY 22d. LOCATION (City, lown, or country) (State) |
| | serial 1/1/6/ | JEM FALLS CHURCH VA |
| 1 | 237 FUNERAL DIRECTOR / ADDRESS | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| - | Moldles June 4217- | 9 Kladate MAY 5 '61 arilur S. Krous |

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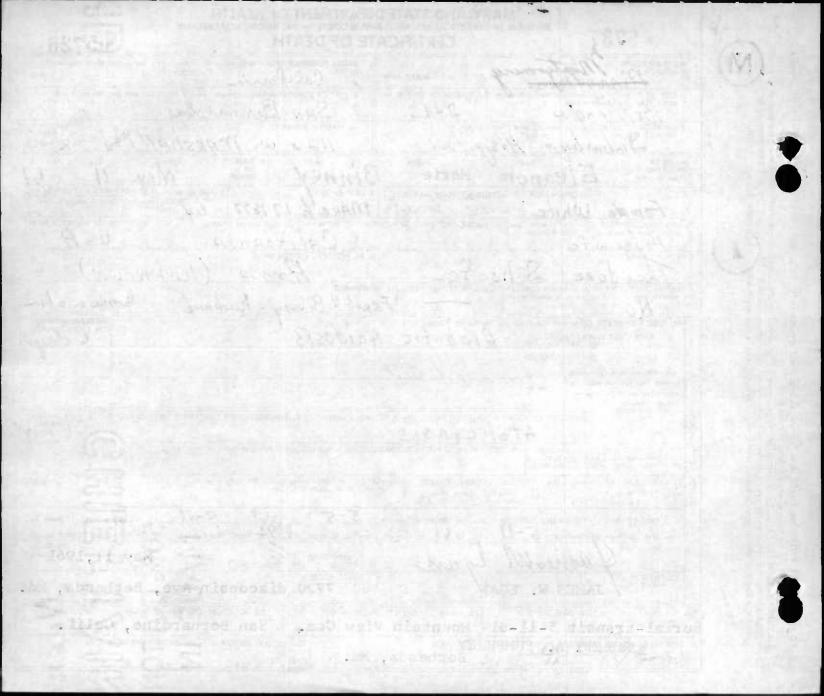
MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| VISION | OF | STATISTICAL | RESEARCH | AND | RECORD | S — | BALTI |
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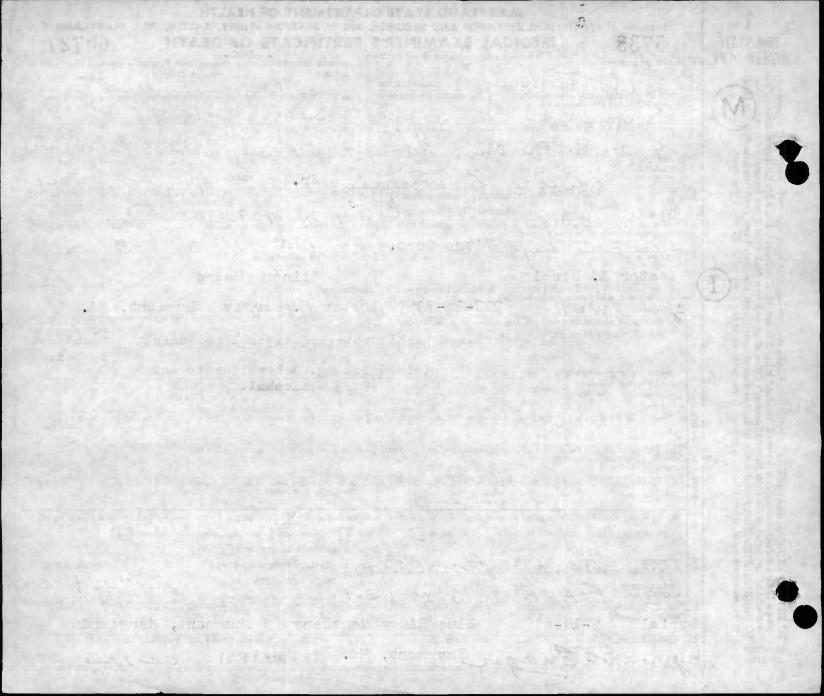
| | 1. PLACE OF DEATH Maptgagnery MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY |
|----|---|--|
| | b. CITY OR TOWN (If pyriside corporate limits, write RURAL GOD give neorest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| 1 | d. NAME OF HOSPITAL (If not in hospital, give street addicess) OR INSTITUTION Light OF A HOSPITAL | d. STREET ADDRESS 1126 W. MARShall Bld. SESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) Eleanor Marie | Binney 4. DATE Month Day Year DEATH MAY 11 1961 |
| | S. SEX Female White WIDOWED DIVORCED | B. DATE OF BIRTH MARC 6 17 1897 9. AGE (In years left VNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | ISTRY 11. BIRTHPLACE (State or foreign country) (A) FORNIA 12. CITIZEN OF WHAT COUNTRY? (S) |
| | Theodore Schoefer | 14. MOTHER'S MAIDEN NAME (UNKNOWN) |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | RANK H. Binney - husband Same a above |
| | 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) | Acidosis Interval Between onser and Feath |
| | gove rise to immediate couse (a), stating the under-lying couse last. | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
|): | | ED. (Enter noture of injury in Port I or Port II of item 18.) |
| | | LACE OF INJURY (Home, farm, control of county) (State) cotory, street, office bldg., etc.) |
| | | death accurred at 1.304, from the causes and an the date stated above. |
| | 220. SIGNATURE James W Egan 22c. Physician's | M.D. ATTENDING MED. STAFF MAY 11,196 GIGNED 22d. ADDRESS 22d. ADDRESS |
| | NAME (Type) JAMES W. EGAN | 7720 Wisconsin Ave, Bethesda, Md. |
| | 23a. Burial, CREMATION, 23b. DATE THEREOF Burial tran sit 5-11-61 Mountain V | |
| | 24. FUNERAL DIRECTOR EXPORTURA. PUMPHRE PODRESS Robert Standbuy & Bethesda, | Md. DATE 1 5 161 |

VR A1S (4) 1SM 9/59



Division of STATISTICAL RESEA 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 21, F2 M G-28 5/61. cac. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Rasidanca bafore admission) is necessary, director, Page a. COUNTY les. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town) director. write RURAL end give neares town d. NAME OF HOSPITAL OR INSTITUTION (if not in Jospital, give street d. STREET ADDRESS Po . IS RESIDENCE 80 ON A FARM? 3 to the funeral be refained YES NO State DECEASED OF the (Typa or print) DEATH Jr. 1961 with AGE (In Years | IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 8. DAT 2 with 7. MARRIED NEVER MARRIED in pencil in Item 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may unrial-transit permit. File pages 1 and 2 will oval, and In any event within 72 hours Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Vitro Corp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lester S. Birely Elinor Beard . WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgiyawarordatasofservica) Lester S. Birely Office along with burial-transit permi Thurmont. WWII executed 3. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Combined barbiturate and alcohol poisoning. Found dead IMMEDIATE CAUSE (a) in bed. DUE TO removal, This certificate should Blood contained 1.6 mg. % barbiturate and Conditions, if any, which (b) gave risa to immadiata causa 0.29 % alcohol. "pending" 60 Examiner's DUE TO (a), stating the underlying SE cause last. pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. bur 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) 0 While Not Whila Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Suicide X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) SChilh Address (Streat, city, town, or county) DE 22c, NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) Burial (Specify) Blue Ridge Cemetery Thurmont, Maryland 0 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Thurmont. DATE MAY 11 '61 arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



PI o. Mo Ь.

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5. SI Ma. 1De.

13. 1

15. V (Yes, Yes

MEDICAL CERTIFICATION

230. RI **B**1 24 F W.

| DIVISION OF | STATISTICA | | | TE DE | ARTMENT | | LTH ET. BALTIA | ORE 1. A | MARYLA | ND | |
|--|--------------------------|---------------------------------|----------------------|---------------|--|-------------------|----------------------------|-----------------------|--------------|----------------------------|--------------------|
| 57 | | | | ICATE | OF DEA | | | | | 1574 | 85 |
| PLACE OF DEATH o. COUNTY Montgomery | | | MARY | LAND | 2. USUAL RESIL | | e deceesed lived, b. CC | | Residence b | pefore edmi | ssion) |
| b. CITY OR TOWN (if our write RURAL end give | | is, | c. LENGTH OF STA | AY IN 1b | c. CITY OR TOV | WN (If outside | corporete limits, v | rrite RURAL er | nd give neer | rest town) | |
| Bethesda (Ru | | f mak in basnit | 10 day | | Tallaha | | | -\ | - 1. | . IS RESIDI | ENCE |
| U. S. Naval | | r noi in nospii | ai, give silear addi | ress) | RR 4, I | | - 1 | 121 | -2 | ON A FA | |
| NAME OF | First | | Middle | | Lest | 4. DA1 | TE Mo | nth | Dey | Yeer | W. |
| DECEASED (Type or print) | Willia | am | Douglas | | BLOWERS | OF DEA | TH M | av | 16 | 19 63 | 1 |
| . SEX 6. | COLOR OR RACE | | | | DATE OF BIRTH | | 9. AGE (In ye | IF UNDER | | UNDER 24 | HRS. |
| | aucasian | WIDOWED | | | 3-23-36 | 5 | 25 yrs | 7110111110 | Deys H | lours N | Ain. |
| De. USUAL OCCUPATION | | | OF BUSINESS OF | RINDUSTRY | 11. BIRTHPLACE (| County & State | , or foreign count | ry) 12. Cl | TIZEN OF W | HAT COU | NTRY? |
| Officer | | | S. Navy | | Mary | | 1705 | US | A | | |
| 3. FATHER'S NAME | | | | | 14. MOTHER'S MAI | | | | | | |
| William BLOV | VERS N U.S. ARMED FOR | C5C2 144 C4 | OCIAL SECURITY N | 10 117 11 | Margaret | BAKER | Add | | | | |
| (es, no, or unkown) (Ifyes | give wer or detes of s | | DOLAL SECURITY N | | | ** | | | | 110 | |
| Yes 195 | 3 to DOD | 1215 | 7-32-5005 | | Mrs. Bart | | | | | cem # | EN |
| Conditions, if eny geve rise to Immediate | DUE TO | Dy | Hure | cere | britis | ard use | brain | John | ONSET | and dea | 2 |
| (e), steting the under | | | | | | | | | 1 23 | | |
| | GNIFICANT CONDI | TIONS CONTI | RIBUTING TO DEAT | TH BUT NOT | RELATED TO THE TE | ERMINAL DISEA | ASE CONDITION | GIVEN IN PAR | | WAS AUTO PERFORME NO | ED? |
| 20e. ACCIDENT WAS OR CONTRIBUTING [| CAUSE OF DEATH | 20b. DESC | RIBE HOW INJURY | OCCURED. | (Enter neture of injur | ry in Pert I or P | ert II of îtem 18.) | | | | |
| 20c. TIME OF INJURY Hour e.m. | Month, Dey, Ye | er 2Dd. IN While et work | Not While et work | | E OF INJURY (Home ry, street, office bldg | | (City or town) | (Co | ounty) | (Stei | te) |
| 21. I certify that saw the deceased | | | | | | 12:01FW | | y , 19 | | | |
| 22e. SIGNATURE | | | | | | | | | | 22b. D. | |
| | Oan . | 0.0 | | M.D | ATTENDING PHYS. | MED. DIRECTOR | T PHYS. | X | 5-1 | 16-61 | GIVED |
| 22c. PHYSICIAN'S NAME (Type) | H. MIL | LER LT | MS, USN | | U. S. 1 | Naval H | ospital, | Bethe | sda, l | Md. | 40 40 50 10 10 100 |
| BURIAL, CREMATION | 236. DATE THE | REOF | 23c. NAME OF C | EMETERY O | R CREMATORY | 23d. I | OCATION (City, | town or cour | nty) | (Stete) | |
| Burial (Specify) | 5-19-6 | 51 | Baltimor | e Nat: | lonal Cem. | Ba | ltimore | | Mc | 1. | |
| W. Chambers | co. 1400 | Chapir | | Washi | | MAY 18 | GISTRAR 2Sb. | REGISTRAR'S Dithun S. | | tE | |
| THE CANONIAL OF IT | VV · ILTVV | THE RESIDENCE OF REAL PROPERTY. | - NOW - BARTE & | TA ALLES BOOK | | | | | | | |

120 Septem 11/ (Leture) Advantaged U. S. Mayal Fospitel railing Dougles Sipviss Market Court in officer b. 3. days Flw I s. L. I A Plant of the Control of the Contro

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BR 4. Box -826

IC I Yes

3-23-36

and the second AEU

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J. L. Links LT FO. Ush U. S. L. vol Kopivel, Bucheck, Mi.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5740

CERTIFICATE OF DEATH

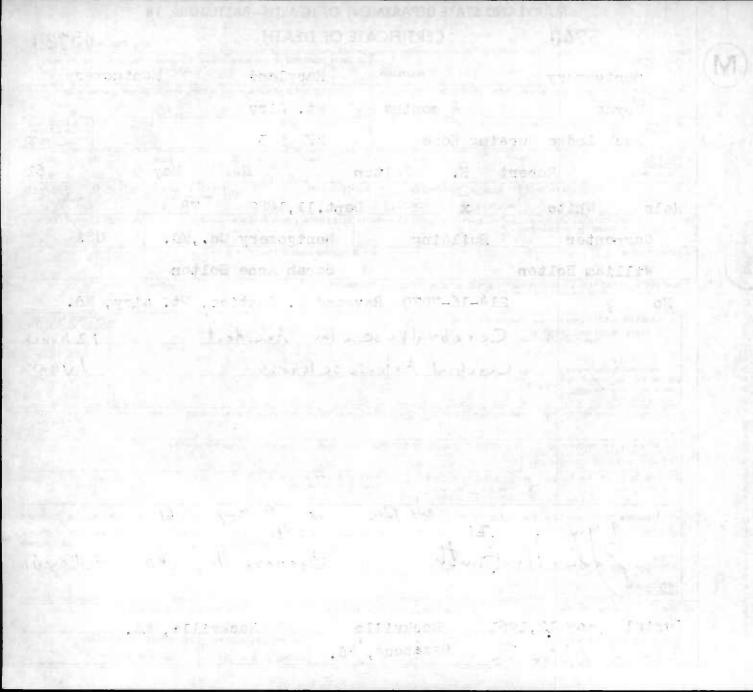
.....5790

| | 0 6 7 0 | | | | | Ke | ig. Dist. No.J | 1641 |
|--|---|--|--|----------------|---------------------------------|-------------------|---------------------------|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Mont | tgomery | MARYLAND | a STATE | DENCE (Whe | ere deceased lived. | If institution: I | Residence befare ontgomer | odmissian) |
| b. CITY OR TOWN RURAL and give r | | c. LENGTH OF STAY IN 16 4 months | 1 | TOWN (If ou | itside corporate lin | | | |
| OR INSTITUTION | ITAL (If not in haspital, give s Lodge Nurs | | d. STREET A | | 3 | | | S RESIDENCE ON A FARM? ES NO K |
| 3. NAME OF DECEASED (Type or print) | Robert | H. Bolt | Lon Lon | st | 4. DATE OF DEATH | May | 9 Day | Year 1961 |
| 5. SEX | | MARRIED NEVER MARRIED DOWED DIVORCED | B. DATE OF BIRT | 0 | | | UNDER 1 YEAR IF | UNDER 24 HRS |
| during mast af wai | ON (Give kind af wark dane rking life, even if retired) | 10b. KIND OF BUSINESS OR IND Building | | ntgome | ery Co. | | USA | |
| | iam Bolton | | | | nne Bol | ton | | |
| 15. WAS DECEASED EV (Yes, no. or unknown) | ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) | | Raymond | E. Ji | ustice, | Address Mt. A | iry, Md | |
| Canditians, if a gave rise to cause (a), stating lying cause lost. | the under- | cerebral Arto | rio scl | eyosi' | \$ | | 1 | year |
| PART II. OT | HER SIGNIFICANT CONDITION | ons <u>contributing to death</u> bu | IT NOT RELATED TO | THE TERMIN | IAL DISEASE CON | DITION GIVEN | P | WAS AUTOPSY PERFORMED? ES NO |
| | AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURR | ED. (Enter nature o | of injury in P | art I ar Part II af i | item 1B.) | | |
| ZOc. TIME OF INJU Haur a. m. p. m. | , v | | PLACE OF INJURY (actary, street, offic | | | vn) | (County) | (State |
| 21. I certify to alive an | hat I attended the dec | ceased fram 24 De | | | | auses and c | | |
| 22a. BURIAL, CREMATIC REMOVAL (Specify | 1 35- 30 30 | 22c. NAME OF CEMETERY | | | 22d. LOCATION (| | iunty) | (State) |
| Burial 23. FUNERAL DIRECTOR | May 12, 190 | ADDRESS Damascus | | 24a. REC'D | Rockvi By REGISTRAR 15'61 | 24b. REGISTRA | R'S SIGNATURE | |

TO HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in after death. Page 4 may be received by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hour arter death.

VS A1S (4) 1SM 9/SB



death. For any be retained by the hospital or attending physician.

TO HOSITE. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 nours and death. For any be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remover any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| 1. PLACE OF DEAT | H | | | | institution: Residence before edmission) |
|-----------------------------|---|--|--|-------------------------------------|---|
| Montgome | rv | MARYLAND | a. STATE District | of Columbia | U.Y |
| b. CITY OR TOWN | (if outside corporate limits, | c. LENGTH OF STAY IN 16 | | (If outside corporate limits, write | RURAL and give nearest town) |
| | d give nearest lown) | 29 days | Monhings | 020 | EL 7Y- |
| Bethesda d. NAME OF HOSP | PITAL OR INSTITUTION (if not | in hospital, giva street address) | d. STREET ADDRES | | l e. IS RESIDENCE |
| | | , | | | ON A FARM? |
| | val Hospital | | | k Street, S. E. | |
| NAME OF DECEASED | First | Middle | Last | 4. DATE Month | |
| (Type or print) | Beulah | Marie | BOSWORTH | DEATH May | 19 19 61 |
| S. SEX | 6. COLOR OR RACE 7. N | AARRIED X NEVER MARRIED B | . DATE OF BIRTH | 9. AGE (In years last birthday) | |
| Female | | DOWED DIVORCED | 8-26-81 | 79 yrs. | Months Days Hours Min. |
| Os. USUAL OCCUPA | TION (Give kind of work | 106. KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Co | | 12. CITIZEN OF WHAT COUNTRY? |
| | vorking lifa, even if retired) | II C Cost | Montella | d | HCA |
| Clerk 3. FATHER'S NAME | | U. S. Govt. | Maryla | | USA |
| | | | | | |
| Notley Ho | | | Mabel (Un | | |
| (Yes, no. or unkown) | VER IN U.S. ARMED FORCES? (Ifyesgive war or dates of service | | NFORMANT | Address | |
| Yes | WWI | None (H) | Dudley C. | Bosworth, same | as #2 above |
| | | se per line for (a), (b), and (c). | 24440 | Bobart out, bound | INTERVAL BETWEEN |
| | TH WAS CAUSED BY | A | | 2 1 | ONSET AND DEATH |
| 0.00 | IMMEDIATE CAUSE (a) | accusos | ma - | ne. C. Alla | ender a mould |
| 10 | UE TO | | / | 11 ad bear | |
| Conditions, if an | y, which 7 (b) | | | Judgord | wy |
| gava risa to immed | diata causa | | | | |
| (a), stating the | underlying DUE TO | | | | |
| causa last. |) (c) | | | | |
| PART II. OTH | ER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERM | MINAL DISEASE CONDITION GIV | 'EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? |
| <u> </u> | | | | | YES NO |
| 2Da. ACCIDENT V | | . DESCRIBE HOW INJURY OCCURED | . (Entar nature of injury i | n Part I or Part II of item 18.) | |
| | G CAUSE OF DEATH Y MEDICAL EXAMINER) | | | | |
| | | 20d. INJURY OCCURRED 20e. PLA | CE OF INTURY /Unexa for | erm, 2Df. (City or town) | (County) (State) |
| 20c. TIME OF INJ | | | CE OF INJURY (Home, fe ory, street, office bldg., e | | (County) (State) |
| p.m. | 19 | at work at work | | 1 | |
| 21. I certify | that (14 (this hospital) | attended the deceased from. | April 20 | 19 61 to May 19 | , 19.61, that X) (we) last |
| saw the decea | sed alive on May | 19 19 61 and that | death occured at | : 40AM | and on the date stated above |
| 228. SIGNATURE | | The state of the s | Todan occaros on | | 22b. DATE |
| 228. 310117 | Mr. | -An | ATTENDING | MED. STAFF | SIGNED |
| 400 | mes 111. | fluing/ M | .D. PHYS. | DIRECTOR PHYS. | 2-17-21 |
| 22c. PHYSICIAN'S | a) | | 22d. ADDRESS | | |
| - 0 | James M. YOU | ING, LT, MC, USN | U. S. Na | val Hospital, F | Bethesda, Md. |
| | TION, 236. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (City, to | wn or county) (State) |
| REMOVAL (Specify Burial | 5/22/6 | Glenwood Cen | eterv | Washington, | D. C. |
| 24 FUNERAL DIRECTO | OR'S SIGNATURE | ADDRESS | 25a, R | EC'D BY REGISTRAR 256, RE | |
| give a | 2 2 2 26 24 -6 | | | | S. France |
| Lee Funers | al Home, 4th & | Mass. Aves., NW, W | ashDC DATE | | |

4.9

AND STEEL ST

Pipulio of bounding Victorial الای سفره (Lorgan) object to Way Jakies ord. Her John Wice, 3. 1. L. S. Naval Hannitel Ià 6 HIM SUL 4 10 2 dally sã [B-85-8] white a second . JVJ J J.erk (1800.16) 150. der Di youroll Hone (I) Dunley C. Bouwerto, sume as all above

CL v d o bi

Junes M. Moule, M., M., USW U. S. Lavel Hospital, Bernords, M.

Moris CS Lind

The Glanted Car stary

we finer a dome, the A Mare. Avec.in, AsanDo

1(-1-;

.U . C particular.

FOR STATE HEALTH DEP TO DE! ... MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an eless is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Division of STATISTICAL RESEARCH AND RECORDS, 5742 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 45 731

| V | | here decessed lived, If Institution: Residence before edmission) |
|-----|--|--|
| 1) | Maryland . STATE m | b. COUNTY |
| 1 | 11100000 | de corporele limits, write RURAL end give perest fown) |
| | write EURAL and give nearest town) | A Composite minis, write KOKAL and give realest lown) |
| | Kocketelle 35 yrs Kocker | rlle. |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street dress) d. STREET ADDRESS | . IS RESIDENCE |
| W. | 91 1- | ON A FARM? |
| | cason lane cason | hand YES NOW |
| 13 | | DATE Month Dey Yeer |
| | | DEATH MC4. 2 3 1961 |
| - | 5. SEX 6. COLOR OF RACE 7. MARRIED BEVER MARRIED 8. DATE OF BIRTH | 19. AGE (In years 116 UNDER 1 YEAR) IF UNDER 24 HRS. |
| | | last birthdey) Months Deys Hours Min. |
| _ | funde white WIDOWED & DIVORCED 10-7-1893 | 67 yrs. () |
| | 10e. USUAL OCCUPATION (Give kind of work done) uring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore | ign country) 12. CITIZEN OF WHAT COUNTRY? |
| | | M-S.6. |
| 1 | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
| 1 | 000 | D |
| 1 | John D. Wall Elister | Kay |
| 1 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yel. no, or unknown) (Ifyes give wer or de les of service) | Address |
| 1 | None Mary Eller Bry | Newmar-galf ha |
| = | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] | With Rockerll INTERVAL BETWEEN |
| | PART I, DEATH WAS CAUSED BY: | ONSET AND DEATH |
| | IMMEDIATE CAUSE (6) Colorary Otchise | Suddie |
| | 470. DUE TO | |
| | | |
| | Conditions, if eny, which (b) | |
| | (e), steting the underlying DUE TO | |
| | cause last. (c) | |
| 2 | | SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| 1 5 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI TO THE TER | PERFORMED? |
| No | 15 Tustory of frever heart deserve | YES NO X |
| | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or P | art II of item 18.) |
| 100 | TO CAUSE OF DEATH. | |
| 13 | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20 | f. (City or town) (County) (State) |
| 3 | Hour e.m. While Not While fectory, street, office bldg., etc.) | |
| 1 2 | p.m. 19 et work ef work | |
| | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspec | ection 📈, Inquiry 📈, and in my opinion |
| | death resulted from: Natural causes , Accident , Suicide , Homicide , | Undetermined manner |
| 1 | CHIEF MEDICAL EXAMI | |
| w. | | |
| | SIGNATURE TRANS OF THE MADE ASSISTANT MEDICAL E | XAMINER DATE SIGNED |
| | DEPUTY MEDICAL EXAM | AINER \$ 5-23-61 |
| | NAME (Type) FANK J. BIOSCHOHT Address (Street, city, to | |
| 2 | | LOCATION (City, town, or country) (Stete) |
| | REMOVAL (Specify) | |
| | The state of the s | ashington, D. C. |
| | | REGISTRAR 246. REGISTRAR'S SIGNATURE |
| | Robert A. Pumphrey Bethesda, Maryland DATE MAY 2 | 5 '61 Chilling S. Krous |
| - | I DAIE water & | |

funeral

hin 24 hours after

TO HOS

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours death.

TO FUNERAL DIRECTOR: After this certificate has been siph the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defined.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 5743

| | 1. PLACE OF DEATH a. COUNTY | | | | nstitution: Rasidence before admission) |
|---|--|---------------|------------------------------|-------------------------------------|--|
| | Montgomens | TARYLAND | a. STATE | yland b. count | Mintarnery |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) | OF STAY IN 16 | | (If outside corporate limits, write | |
| | | ays | X Sil | ver Spring | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street | t address) | d. STET ADDRESS | S | a. IS RESIDENCE ON A FARM? |
| | U.S. Naval Hospital | | VOXX Gist | Avenue | YES NOX |
| | 3. NAME OF First Mic | ddle | Lest | 4. DATE Month | Day Year |
| | DECEASED (Typa or print) THOMAS MAR | SHALL | BRADY | of DEATH Ma | v 1 1961 |
| 1 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER N | | . DATE OF BIRTH | 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | | | 2-2-92 | lest rthdey) 69 yrs. | Months Deys Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | unty & Stete, or foreig country) | 12, CITIZEN OF WHAT COUNTRY? |
| | Carpenter | | Maryland | | US: |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDE | NAME | |
| | George A. Brady | | Sarah Ti | | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI/ SECUI (Yes, no, or unkown) ((Ifyesgivawarordatesofservice) | UTY NO. 17. 1 | NFORMANT Daugh | nter Address | 813 Gist Ave |
| | Yes WWI 579-12-8 | 1000 | | | Silver Spring, Md |
| | 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), | end (c).] | | | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sufacal | con h | nyceardu | um | 15 meru |
| | 420.0 DUE TO | 1 | 11 | _ 0 | |
| | Conditions, if any, which \ (b) AnTereo | 5-aleros | The HEA | el Deseral | gars |
| | geve rise to immediate cause (a), stating the underlying DUE TO | | | | |
| Н | ceuse last. (c) | | | | 4 |
| H | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | DEATH BUT NO | T RELATED TO THE TERM | NINAL DISEASE CONDITION GIVE | EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| ì | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER) | | | | YES NOXX |
| I | 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH | JURY OCCURED | . (Enter neture of injury i | n Pert I or Pert II of item 18.) | |
| | | | | | |
| i | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCUI Hour a.m. While Not While of work et work et work | | CE OF INJURY (Home, fa | rm, ' 2Df. (City or town) | (County) (State) |
| | Hour a.m. While Not While p.m. 19 et work et work | | ory, sirect, office orage, e | 1 | |
| | 21. I certify that (this hospital) attended the dec | eased from | 28 April | 161, tol May | , 1961, that 00 (we) last |
| | saw the deceased alive on 1 May 1961 | | | | |
| 1 | 220/ SUSNATURE |) . | | | 22b. DATE |
| | Tunell Miller W. Nik |) M. | .D. PHYS. | MED. STAFF PHYS. PHYS. | 1 May 1961 SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | | |
| | RUSSELL MILLER, JR. IT MC USN | | U.S. Na | val Hospital, P | Bethesda, Md |
| ı | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME | OF CEMETERY | OR CREMATORY | 23d. LOCATION (City, tow | vn or county) (State) |
| | Burral 5-4-61 Arli: | ngton Na | tional | Arlington | Virginia |
| | 24 FUNERAL DIRECTOR'S SIGNATURE | SS | | EC'D BY REGISTRAR 256. REG | 2 / 2 |
| | W.E. PUMPHREY FUNERAL HOME, SILVE | R_SPRING | MD DATE | MAY 4 '61 a | ribus S. Throng |
| | | | | | |

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THE REPORT OF THE PARTY OF THE

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Let in which the viels , the section of the 199 . I . I

5744 **CERTIFICATE OF DEATH**

Reg. Dist. No. 05733

| 1. PLACE OF DEAT | Montgomer | у | MARYLAND | o. STATE | DENCE (WI | | lived. If institute b. COUNTY | | | odmission) mery |
|--|--|--------------|-------------------------------------|------------------------|--------------|-------------------------|--|-------------|--------------------|---|
| b. CITY OR TOW RURAL and giv Chevy | (N (If outside corporate limit ve nearest town) Chase | s, write | c. LENGTH OF STAY IN 16 | | | Chas | rote limits, write R | URAL and a | ive neare | est town) |
| OR INSTITUTE | OSPITAL (If not in hospitol, good on Thornapp | _ | | d. STREET A | | Thorn | apple S | Stree | | ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Harry | | Middle | Bright | | 4. DATE OF DEATH | Mon May | | Doy 22 | Year 19 61 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARR | HED NEVER MARRIED DIVORCED DIVORCED | Feb. 5 | | 91 | 9. AGE (In years lost birthdoy) 70 yrs. | | | Hours Min. |
| Chemis | working life, even if refired) | ione 10b. | KIND OF BUSINESS OR IND Chemistry | Pe | nnsy | lvani | | | ZEN OF | WHAT COUNTRY |
| 13. FATHER'S NAME | | | | 14. MOTHER'S | | NAME [adora | | | | |
| 15. WAS DECEASED | an Bright DEVER IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. 117. | INFORMANT | ma M | ladora | L Add | ress | | |
| No No | (If yes, give wor or dates of se | hvice) | lone I | ynne A. | Bri | ght-w | | | | |
| Conditions, gove rise t couse (o), stot lying couse I | , , | 0 | tongestive to always to death be | the co | tes. | fai disi | line line use condition giv | EN IN PART | Ca | 9 MUNT |
| OR CONTRIBUT | T WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER) JURY Month, Day, Yee | | CRIBE HOW INJURY OCCURR | RED. (Enter nature o | | | | (6) | ounty) | YES NO NO |
| Hour a. | | While of wor | Not while f | actory, street, affice | e bldg., etc | :.) | | 1 | ,, | (0.26) |
| alive an ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Typo) | HERBER | 12 M | 1 | th accurred at | 11 3 | AM, fran ADDRESS (SI | oni, 196 In the causes of reel, city or lown, HELON | ind an th | ast sav le date | w the deceased stated above DATE SIGNED |
| 220. BURIAL, CREM. REMOVAL (Spe | ATION, 22b. DATE THEREO | | Charles Ev | or crematory ans Cem | 1. | | ading. | | syl | (Stote) vania |
| 23. FUNERAL DIREC | | | ADDRESS | | | D BY REGIST | RAR 24b. REGIS | STRAR'S SIG | NATURE | |
| Dobons | - A Dannahan | A | Dothonda 1 | formal and | | VOETE | 1 1 | 11 - 0 | Le . | |

ely filled by the funeral director, Pages 1 and 2 should be filed with may be the bospital or attending physician.

D FUNER. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPIEA may be TO FUNER.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF SHIP HE STATE OF ALYBORS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 THI. 5746 WTICE 9. CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ed b. COUNTY MARYLAND windgoners CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) funeral RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 6 Gus YES NO I NAME OF Wilma Middle Marria 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Pages 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH Months Hours WIDOWED [DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO 6 Conditions, if any, which gove rise to immediate DUE TO per couse (a), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) Ö WEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour a. m While Nat while al work at work 21. I certify that I attended the deceased fram. 21, 19 G1, to S1 1961 that I last saw the deceased alive on ___, and that death accurred at______M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

Brooke Grove Cem.

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24g. REC'D BY REGISTRAR

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23. FUNERAL DIRECTOR'S SIGNATUR

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEAR STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY the d 2 MARYLAND death. and c. LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL and give nearest lown) = = Pages a. IS RESIDENCE ON A FARM? YES T NO X NAME OF 4 DATE Year DECEASED OF (Type or print) DEATH 1961 carbon 9. AGE (In yeers IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) WIDOWED DIVORCED remove USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAM please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service) None 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL SETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to Immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? as NO USB prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. ' 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Lecon be 1957 to 1994 10 , 196/, that (1) (we) last saw the deceased alive on MIDLY 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. M.D. Tuasi 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) AUSSE! 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) Prince George's Co. Maryland Fort Lincoln Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE Pumphrey ADDRESS 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE

Inc.

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Edition 180 E State Stat and the state of t The state of the second of the The said and I marginer Person Ser registry 5/13/61 fort therein constary wilnes George E to Paryland Anger S. Tung Fey, Inc. 20154 Cagning No. 3 lven May 17 -1

TO HOS:

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5748 CERTIFICATE OF DEATH

05737

| . PLACE C | | | 2. USUAL RESIDEN | CE (Whare decease | ad lived, If in b. COUNT | | ince before ed | mission |
|----------------------|--|---|-------------------------------|------------------------|-----------------------------|------------------|------------------------------|---------|
| | itgomery | MARYLAND | * STATE Marylar | nd | B. COUNT | Montg | gomery | |
| b. CITY O | R TOWN (if outside corporate limits. | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (| If outside corporete | limits, write | RURAL end give | nearest town |) |
| | RURAL end give neerest town) | 71 yrs | Barne | esville | | | | |
| | OF HOSPITAL OR INSTITUTION (if not | | d. STREET ADDRESS | | | | e. IS RES | |
| gellag | | | | | | | YES X | FARM? |
| . NAME C | First | Middle | Lost | 4. DATE | Month | Der | 1 653 | |
| DECEAS (Type or p | ED | | | OF DEATH | | | 10.0 | 63 |
| S. SEX | natton | Darby Brow | | | May | 26 | | 61 |
| , SEA | 8. COLOR OR RACE 7. M | ARRIED NEVER MARRIED 8 | . DATE OF BIRTH | y. Al | st birthdey) | Months Deys | Hours | Min. |
| Male | | DOWED DIVORCED | Jan.2-1890 | | 71 yrs. | | | |
| lone during | OCCUPATION (Give kind of work most of working life, even if retired) | 106. KIND OF BUSINESS OR INDUSTR | TY 11. BIRTHPLACE (Coun | ity & Stele, or fore | ign country) | 12. CITIZEN | OF WHAT CO | DUNTRY |
| | rmerOwnerA | ctive | Maryland | | | U.S. | | |
| 3. FATHER | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| | Clifton Brown | | Many | Darby | | | | |
| 5. WAS DE | Clifton Brown CEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. | INFORMANT | Darby | Address | | | |
| - | nkown) (If yes give wer or detes of service |) | | - | | | | |
| | 4O | | ichard Brown | n, Barnes | ville, | | | |
| | USE OF DEATH [Enter only one cous | a per line for (e), (b), end (c).] | 6 1 | | | | NTERVAL BETV ONSET AND DI | |
| PA | RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) | tente Corona | iry Ocelus | sion | | | 5 mi | h. |
| 14 | 20.1 DUE TO | | | | | | | |
| Conditio | ns, if eny, which \ (b) | Ecrunary as | 1 terioscle | VESIS | | | 2 VE | a YS |
| geve rise | to immediate cause | 1 | | | | | | |
| (a), stat | ing the underlying | | | | | | | |
| | T II. OTHER SIGNIFICANT CONDITION | CONTRIBUTING TO DEATH BUT NO | OT DELATED TO THE TERMIN | NAL DISEASE CON | IDITION CIVE | IN IN PART 1/-) | 10 W/AS AL | ITORSY |
| | 1 II. OTHER SIGNIFICANT CONDITION | 11 1 + | OF RELATED TO THE TERMIN | INAL DISEASE COL | ADITION GIVE | 14 114 FART 1(6) | PERFOR | MED? |
| 5 1- | liabetes /10 | elle hs | | | | | YES N | 40 🕒 |
| OR CON | CIDENT WAS UNDERLYING 20b TRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) | , DESCRIBE HOW INJURY OCCURED |). (Enter neture of injury In | Part I or Part II of i | item 1B.) | | | |
| 2 | AE OF INJURY Month, Dey, Yeer | | ACE OF INJURY (Home, farm | | town) | (County) | (5 | State) |
| He He | p.m. 19 | While Not While fec | ,0,7,3,00,,0,,00 | 1 | | | | |
| 21 1 0 | ertify that (I) (this hospital) | attended the decased from | 22 April, | 1961, 10.2 | 6 MG | Y 106/ | that (I) (| دا لامب |
| | | AA III | | 10 | | / | | |
| | e deceased alive on. | and that | death occured at | .#2.7VI, IFOM III | e causes a | and on me | | DATE |
| 220. 30 | INATURE 7 | 1. | | | STAFF | 77 | DA | SIGNE |
| - | frahn / Wymil | N. W. | A.D. PHYS. E | DIRECTOR L | PHYS. | 411 | May 61 | |
| 220. 117 | ordon M. Smith | | | ville,Md | | | | |
| 23a. BURIAL | , CREMATION, 23b. DATE THEREOF (Specify) | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATIO | ON (City, tow | n or county) | (Ste | ite) |
| Buria | | 961 Monocacy | | Reall | sville | o Md | | |
| | DIRECTOR'S SIGNATURE | ADDRESS | O D 25a. REC | | | ISTRAR'SPSION | ATURE | |
| 7/1/-1 | 11: 12 4:11 | - 10000000 | 10 The BATE | AT 31 01 | | Mary 1 20, 10. | | |
| Will | MAMED TUNO | n, January | M XXXXXII | | 1 | | | |

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Burial May 20-1961 Monocacy Bealisville, Md

FOR STATE HEALTH DEPT. TO DEP: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ye is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ordeally, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5749 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 0020 | | 03738 |
|--|---|-----------------------------|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institutions | Residence before edmission) |
| o. COUNTY Man to | o. STATE b. COUNTY | nonte |
| 1) long mery MARYLAND | II Let | unuq |
| b. CITY OR TOWN (if outside exporate limits, write-RURAL end-give negret town) | c. CITY OR TOWN (If outside corporate limits, write RURAL en | nd give hearest town) |
| B. Flank | Beshinda | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | . IS RESIDENCE |
| 8009 Mable Reday Rd | 8009 maple Ridge Ro | YES NO |
| 3. NAME OF First Middle | Last 4. DATE Month | Dey Year |
| (Type or print) William Harry Br | rehm OF DEATH May 2 | 9 1961 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVE MARRIED 8. | . DATE OF BIRTH 9. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS. |
| male white WIDOWED DIVORCED | 7-3- 49 last birth y) Months | Deys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | Y 11. BIRTHPLACE (State or foreign country) 12. CI | ITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) | mp . | 21. S. Q |
| 13. FATHER'S NAME | | 11.2.00 |
| 13. FAIREK S NAME | 1. MOTHER'S MAIDEN NAME | |
| Grass W. Duchus | Vera Mariana | |
| | NFORMANT Address | |
| (Yes, no, or unkown) (Ifyesgivawarordatesofservica) | 2 4 14 71 2 24 | 7- |
| UV | ra Bruhm (morker) Su | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BARELLE LE LE LE LE LE LE LE LE L | mor (molesoffe) | 8 Wise |
| 727 V | | |
| DUE TO | V | V |
| Conditions, if eny, which (b) | | |
| gave rise to immediate cause (a), stating the underlying DUE TO | | |
| cause last. (c) | | |
| | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | PT 1(a)) 19 WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | , restrict to the remaining place of the first of the first | PERFORMED? |
| 3 | | YES NO |
| PRIMARY OF CONTRIBUTING | inter natura of injury in Pert I or Part II of item 18.) | |
| CAUSE OF DEATH. | | |
| to a | CE OF INJURY (Homa, ferm, 20f. (City or town) (Co ory, street, office bldg., atc.) | ounty) (Stete) |
| at week at week | ory, street, office blug., arc.) | |
| | | |
| 21. I certify that I took charge of the remains described above, he | Id an Autopsy , Inspection , Inquiry , | and in my opinion |
| death resulted from: Natural causes 💢, Accident 🔝, Suici | ide, Homicide, Undetermined manner [| |
| | CHIEF MEDICAL EXAMINER | |
| ACTUAL A A A | | DATE SIGNED |
| SIGNATURE MANY 1 Morhant | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| EXAMINER'S | DEPUTY MEDICAL EXAMINER | 29-61 |
| NAME (Type) FAXIK J. 13/05Ch217 | Address (Street, city, town, or county) | |
| 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR | CREMATORY 22d. LOCATION (City, town, or country | ry) (Stele) |
| BURIAL 5-31-61 CEDAR HIL | 1 (FLAFTERU PRINCE GEORGE | = 5 (BONTUM |
| | _ (2,00,2,1) | SICHATURE |
| 23. FUNERAL DIRECTOR ADDRESS ADDRESS | 1 1.00 246. REC'D BY REGISTRAR 246. REGISTRAR'S | |
| Trancis Molling 3821-149, M.W.M. | DATE JUN 1 '61 arthur & | . Hisus |

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Then please remove TO HOST

A may be retained by the hospital or attending physician.

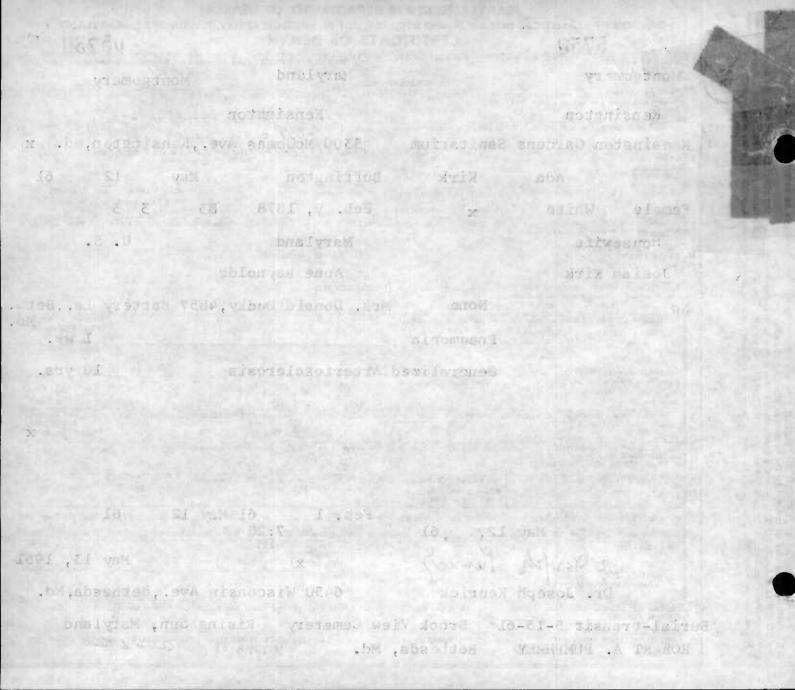
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eye

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ちつちの 1: KMOn

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| | | MARYLAND | 11027 20110 | Mont | gomery |
| write RURAL | N (if outsida corporate limits, end give neerest town) | c. LENGTH OF STAY IN 1 | 400 | (If outside corporata limits, write I | CONTRACTOR OF THE PARTY OF THE |
| | SPITAL OR INSTITUTION (if not i | in hospital, give street address) | STREET, ADDRESS | ng/ton Bethesd | e. IS RESIDENCE |
| | ton Gardens S | | 3300 McCo | Battery Lane | ington Mon a farm? |
| 3. NAME OF | First | Middle | Last | 4. DATE Month | Dey Year |
| (Type or print) | Ada | Kirk 1 | Buffington | OF DEATH May | 12 19 61 |
| 5. SEX | 6. COLOR OR RACE 7. M. | ARRIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In yeers | |
| Female | | OWED DIVORCED | | 18 85 yrs. | Manths Bays Hours Min. |
| done during most of | ATION (Give kind of work working life, even if ratired) | 06. KIND OF BUSINESS OR INDUS | STRY 11. BIRTHPLACE (Cou | unty & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 77.71 | ewife | | Maryland | | U. S. |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | 0. 0. |
| Josia | h Kirk | | Anne Re | | |
| 15. WAS DECEASED | EVER IN U.S. ARMED FORCES? | | INFORMANT | Address | |
| | (If yes give we rordetes of service) | None M | na Damald | D 41 4057 D. | ttom To Doth |
| No | | None M: | rs. Donald | Dueney, 400/ De | ttery La., Beth |
| | F DEATH [Enter only one ceuse | per line for (e), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DE | EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Eneumonia | | | 1 wk. |
| 1450 | | | | | |
| 130. | DUE TO | | | | 3.0 |
| Conditions, if e | | Generalized | Arterloscle | rosis | 10 yrs. |
| (a), steting the | DUIL TO | | | | The state of the state of the |
| ceuse lest. | | | | | A STATE OF THE STATE OF |
| Z PART II. OT | | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE CONDITION GIVE | N IN PART 1(e) 1 19. WAS AUTOPSY |
| OIL | | | | | PERFORMED? |
| 5 | | | | | YES NO |
| OR CONTRIBUTION | WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUR | ED. (Enter neture of injury in | Part I or Pert II of item 1B.) | |
| ZOC. TIME OF IN | NJURY Month, Day, Yeer | 20d. INJURY OCCURRED 20e. P | LACE OF INJURY (Home, fer | rm, 20f. (City or town) | (County) (State) |
| 20c. TIME OF IN | | WhileNot While | ectory, street, office bldg., at | | (0.000) |
| ₹ p.n | m. 19 e | t work at work | | Į — | |
| 21. I certify | that (I) (this hospital) a | attended the deceased from | Feb. 1 | 19.61 May 12 | , 19.6.1, that (I) (we) last |
| | | | | | nd on the date stated above. |
| 22a. SIGNATUR | | Lang | al death occured atz. | PM Irom the causes at | |
| 22a. SIGNATUR | Dr Dereth | Kennas | M.D. ATTENDING | MED. STAFF DIRECTOR PHYS. | May 13, 1961 |
| 22c. PHYSICIAN | 25 /0 30/3 | 10000 | 22d. ADDRESS | | |
| NAME (Ty | | Commi ole | 6450 M | acanain Assa | Patharda Md |
| | Dr. Joseph B | | | sconsin Ave., | |
| 23a. BURIAL, CREMA REMOVAL (Speci | ATION, 236. DATE THEREOF | 23c. NAME OF CEMETER | Y OR CREMATORY | 23d. LOCATION (City, town | or county) (State) |
| urial-tr | | Brook View | w Cemetery | Rising Sun, | Maryland |
| 24 FUNERAL DIRECT ROBERT | | Bethesda, | 25e. RE | | STRAR'S SIGNATURE |
| | | 2 | DATE | J | |



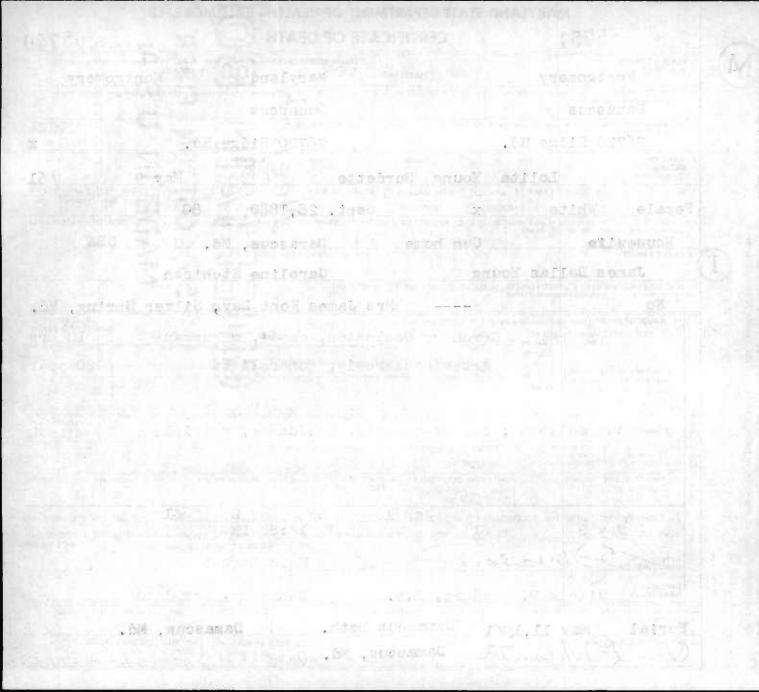
VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 5751 | CERTIFICATE OF DEATH |
|------|----------------------|
|------|----------------------|

Reg. Dist. No. U5741)

| 1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland b. COUNTMONTGOMerv | | | | | | | | |
|---|--|--|------------|---------------------------|--|-------------------------------------|---|------------------------|---|------------|---------|------------|------------------|
| | b. CITY OR TOWN (RURAL ond give n | If outside corporate limit | ts, write | c. LENGTH OF STAY | IN 1b | c. CITY OR | - 0 | utside corpo | prote limits, write 1 | RURAL ond | give ne | arest tawn |) |
| | d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 26720 Ridge Rd. | | | | | | d. STREET ADDRESS 26720 Ridge Rd. 6. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \) NO \(\sum \text{NO} \) | | | | | | |
| | 3. NAME OF DECEASED | Fire | | Middle | | Lo | st | 4. DATE OF DEATH | Mai | | Do | | lear - |
| | (Type or print) | LOI1 | ta. | Young B | ura | | 4. | DEATH | LICE | | 1 VEAD | | 961 |
| | Female | White | WIDOW | RIED NEVER MARRIE | | B. DATE OF BIRT | " 28.18 | 80 | 9. AGE (In years lost birthday) 80 yrs. | Months | Doys | Hours | Min. |
| | 100. USUAL OCCUPATIO | ON (Give kind of wark oking life, even if retired) | dane 10b. | KIND OF BUSINESS O | | | | | ountry) | 12. CIT | IZEN O | FWHATC | OUNTRY? |
| 11 | Housew 1 | | | Own home | | Da 14, MOTHER: | MAIDEN N | us, I | Md. | | US | A | |
| | | s Dallas | You | nø | | | | | tchison | | | | |
| | 15. WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16. | | . 11 | NFORMANT | AL OIL | 110 11 | | lress | - | | |
| | (Yes, no, or unknown) No | (If yes, give war or dates of se | ervice) | | Mr | s Jame: | Ken | t Day | ym Silv | er S | nri: | ng. | Md. |
| H | 18. CAUSE OF DEA | ATH [Enter anly one ca | use per li | ne for (o), (b), ond (c). | | | | | | | INT | ERVAL BE | TWEEN |
| | PART I. DEA | TH WAS CAUSED BY: | C | oronary 0 | ccl | usion, | acut | e, re | ecurren | t | OI4. | SET AND | hrs |
| | 4201 | DUE TO | | | | | | | | | | | |
| | Conditions, if o | | | Arteriosc | ler | osis, | gener | aliz | ed | | | 20 y | rears |
| | gave rise to i | | | | | | | | | 111111 | | | |
| | lying couse lost. | (c) | | 4. | | | | | | | | | |
| | - | HER SIGNIFICANT CON | | | | | | | | | T 1(o) | 9. WAS | AUTOPSY RMED? |
| | 3 Diabete | s mellitu | ls; | cerbro-va | scu | lar ac | ciden | its, | nultipl | е | | | NO |
| | G (IF EITHER, NOTIFY | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | none | CCURRE | D. (Enter noture o | of injury in F | Part I or Por | t II of item 18.) | | | | |
| | 20c. TIME OF INJUR Hour a. m. p. m. | Y Month, Day, Yea | While | | 20e. PL/ foo | ACE OF INJURY story, street, office | Home, farm e bldg., etc. | , 20f. (City | or town) | (| Caunty) | | (State) |
| | 21. I certify th | at I attended the | deceas | ed fram Jan | Lo | , 19 5 | D, taN | ay o | 1961 | that I lo | ast sav | w the d | eceased |
| | alive on Ma | | | 61 , and that | | | | | | | | | |
| | 1 | 5 >10. | | | | | | ADDRESS (S | treet, city or town, | stote) | | DAT | E SIGNED |
| | SIGNATURE | Dinia | 20 | in | | M.D | Main | Str | eet | | | | |
| | PHYSICIAN'S NAME (Type) | Gilcin F. | _Me | adors. M. | D. | | Dama | scus | . Maryl | and | | | |
| | 220. BURIAL, CREMATIC | N, 22b. DATE THEREO | | 22c. NAME OF CEME | TERY O | R CREMATORY | | | TION (City, town, | | | (Stote | :) |
| 1 | REMOVAL (Specify) | May 11. | 196 | Damas | cus | Meth. | | De | mascus | . Md. | | | in |
|) | 23. FUNERAL DIRECTOR | | + | ADDRESS | | Wa | | BY REGIST | | STRAR'S SI | GNATU | RE | |
| | Wen L | Molesu | nu | Dama | scul | s, Md. | DATE MA | Y 12 '6 | 61 a | Thun S. | tha | u.a | |



funeral 24 hours after the

TO HOSY

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut
death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 any
be filed with the State Dept. of Health prior to burial, cremation, or removal, and it may event, within 72 hours after detached

VR A15 (4) 15M 9/60

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH |
|----------|-------|------------|----|--------|
| | | | | |

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| 0452 | | 741 |
|--|--|-----------------------|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If Institution: Reside | nce before admission) |
| | . STATE Maryland b. COUNTY Mon | tgomery |
| b. CITY OR IOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL end give | ~ |
| write RURAL end give neerest town) | I I A | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) | Rockville d. STREET ADDRESS | l e. IS RESIDENCE |
| d. NAME OF NOSTINE OR INSTITUTION (IT not in nospite), give street edatess) | | ON A FARM? |
| 615 W. Lynfield Drive | 615 W. Lynfield Drive | YES NO |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Dey | Yeer |
| (Type or print) JUNE E | BURTON DEATH May 27 | 1961 |
| | 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | 6/2/1925 35 yrs. Months Deys | Hours Min. |
| Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI | 0/2/2/2 | OF WHAT COUNTRY |
| done during most of working life, even if retired) | | or what cooking |
| Housewife | New Jersey USA | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| John S. Grillo | Olympia Pascal | |
| Maria de la constanta de la co | INFORMANT Address | . 100 |
| No Unknown R | Richard Burton-Husband-same 2 | d |
| 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] | | TERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: CARDIAC A | ND PULMONARY METASTASES | NSET AND DEATH |
| | | 6.10 |
| DUE TO RADCIA (DAI | A OF BREAST | 20 line |
| (0) | A UF GREAGI | KS FILLS |
| geve rise to immediate ceuse (e), stating the underlying DUE TO | | |
| ceuse lest. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY |
| NONE | | PERFORMED? |
| | D. (Enter neture of injury in Pert I or Pert II of item 18.) | |
| ZDB. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF THE STATE OF THE STA | | |
| | ACC OF BUILDING III | 451.13 |
| | ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) story, street, office bldg., etc.) | (Stete) |
| Hour e.m. While Not While tec | | |
| 21. I certify that (I) (this hospital) attended the deceased from. | AUGUST, 1960 to MAY 27, 1961 | that (I) (we) las |
| saw the deceased alive on MAY 27 , 19 61, and that | | |
| 220. SIGNATURE | double occupied oranisming ment the education and extensive | /22b/DATE |
| Allentus- | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. | 5/27/2 SIGNED |
| 22c. PHYSICIAN'S | 201 ADDRESS | Alle |
| NAME (Type) JOHN H. TWHY, M.D. | BETHESDA MD | 1100 |
| | | gg) |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) | OR CREMATORY 23d. LOCATION (City, town or county) | (State) |
| Burial 5/31/61 Arlington M | Nat. Cem. Arlington, Virgin | ia |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA | ATURE |
| Robert A. Pumphrey Bethesda, Man | ryland parmay 31 161 Carlon & Karl | A |

Rotherline John S. Crille

4 SORTVEST VIII SIMOSTATOLE seled biolinya wata New Jersey CHEDING AND PICKELLINY HERSINGS CARS CARCLAL ENDS OF BREAKT.

Server of Total Property of the Server of th

nurial Soliday Arlington Man. Sen. Arlington, Vivilland Robert A. Pumphrey Betteads, Paryland Conveys at August Steet

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5753
CERTIFICATE OF DEATH

| 0100 | 00749 |
|---|--|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission |
| Montgomery MARYLAND | a. STATE Maryland b. COUNTY Mont gome ry |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| write RURAL and give nearest town) Bethesda | 4-7 Bethesda |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) | d. STREET ADDRESS . IS RESIDENCE |
| 8018 Park Lane | ON A FARM |
| NAME OF First Middle | 8018 Park Lane YES NO No Nonth Day Yeer |
| DECEASED | OF |
| SEY 14 COLOR OR DACE! | |
| Female White | Jan. 26. 1897 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HRS Months Deys Hours Min. |
| MIDOMED _ DIVOKCED _ | ум. |
| lone during most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| Housewife | Washington, D. C. U. S. |
| 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| George Donaldson | Margaret Hickey |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 19. (Ifyes give wer or dates of service) | INFORMANT Daughter 5920 Greentree Rd |
| | s.D.A.Pampillonia Bethesda, Md. |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| IMMEDIATE CAUSE (e) OF NOTICE | , water |
| Conditions, if env. which > (b) Mac ARDIA | 1 INFOLAT |
| geva rise to immediate ceuse | o prejarej |
| (a), steting the underlying DUE TO Anto. | 2 /2 1 1 |
| couse lost. (c) /T// Swordles | he blow Cleslass. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? |
| | YES NO X |
| 2D0. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 200 CAUSE OF DEATH | . (Enter neture of injury In Pert I or Part II of item 18.) |
| 2D0. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) |
| Hour e.m. While Not While tech | lory, street, offica bldg., atc.) |
| Total Breat | Oct of Dung to Dung |
| 21. I certify that (I) (this bospital) attended the deceased from. | 1'00 |
| | death occured a |
| 22a. SIGNATURE | ATTENDING MED STAFF 22b. DATE |
| | .D. PHYS. DIRECTOR PHYS. |
| 22c. PHYSICIAN'S NAME (Type) DONALD Q. EKMAN | 5707 Wisconsin Ave, Chevy Chase, M |
| 30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (Steta) |
| Burial 5-15-61 Gate of Hea | aven Silver Spring, Maryland |
| 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| DOD FIRM A DESCRIPTION DO 13 | Md. DATEMAY 1 8 '61 Cirims S. Kraus |
| bethesda, | DATERIAL DO UT |

funeral hin 24 hours after physician and completely filled in by the remove carbon papers. Pages 1 and 2 any event, within 72 hours after death.

TO HOS LA ATTENDING PHYSICIAN: The law requires that the death certificate be exdeath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

VR A15 (4) 15M 9/60

and and to a Formule Willes St. 1897 64 17 Hongewife Washington, D. C. L. U. S. The Centre -oralidadis - respect to the contract and contract to the contract Con tarking O. akking O. akking O. akking Ones, Chase, Ed. Hovesh in Sign fa-61-6 WHERT A. PRINCHEY Fethords, Ad.

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THE STAND OF THE DOLL

Market Salar Control Control

SULS Park Line 8018 Park Line

ELIZABETH R. CAMARA ... HEV 10 - 12

CINED I

ALLES DIVERSITE DESCRIPTION DESCRIPTION DE SANCTION DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DE LA COMPTE DE LA COMPTE DE LA COMPTE DE Merse Nes. D.A. Parpillorda Methanda, Md.

Silver oprive, Margiand.

FOR STATE HEALTH DEPT

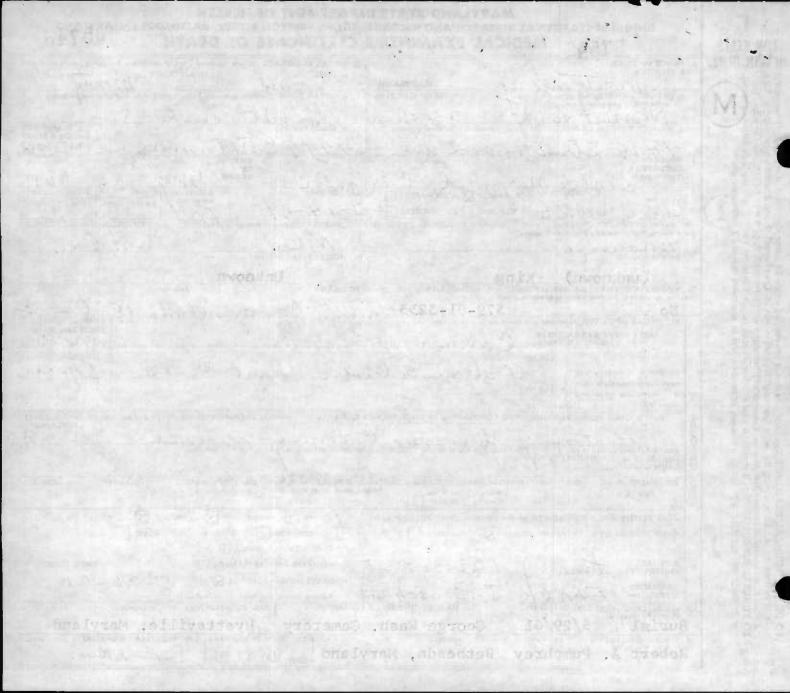
TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any many is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pours after death.

VS. A15ME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5754

| | 1. PLACE OF DEATH | | | 2. USUAL RESIDEN | CE (Where deceased lived, If In: | stitution: Residence before edmission) |
|-----|---|---------------------------|-----------------------------------|---|--------------------------------------|--|
| н | a. COUNTY M | 100 | MARYLAND | a. STATE | b. COUNTY | monts |
| 1 | b. CITY OR TOWN (if o | outside corporate limits. | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | If outsida corporata limits, writa F | RURAL and give namest town) |
|) | webe RURAL and gi | ive nearast jown) | | .01 | - P 1 | |
| / | d. NAME OF HOSPITAL | of Vark | in hospitel, give street addrass) | d. STREET ADDRESS | elt lack | 1 o. IS RESIDENCE |
| | d. NAME OF HOSPITAL | Co to | in nospilei, give street addrass; | U. STREET ADDRESS | ot. N | ON A FARM? |
| 6 | 4419 | Strather | more aire | 14419 | Stathnyo | LQ UVZ YES NO W |
| 1 | 3. NAME OF DECEASED , | First | Middle | Last | 4. DATE Month | Day Yeer |
| | (Type or print) | Ilie May | mard (as | won | DEATH May | 26 1961 |
| | 5. SEX | S. COLOR OR RACE 7. | ARRIED NEVER MARRIED | B. DATE OF BIRTH | 1 2 4 2 4 1 1 - | FUNDERTYEAR IF UNDER 24 HRS. |
| | Luck | white Vic | OWED DIVORCED | 2-14-9, | 1 7 A Yrs. | Months Days Hours Min. |
| / | 100 USUAL OCCUPATION | | Ob. KINO OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (Stele | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 3 | Anne during most of worki | 14 | | N.C. | | 11.8.6 |
| | 13. FATHER'S NAME | vpe - | | 14. MOTHER'S MAIDEN | NAME | 101.5,00 |
| 4 | (77-1 | > 2/2 | | 77. | -1 | |
| 1 | (Unknows DECEASED EVER | OWN) KIN | 16. SOCIAL SECURITY NO. 17. | | nknown | |
| | (Yes, no, or unkown) (Ifye | | | INFORMATION A | Address | , 97 |
| | No | | 579-01-3233 K | ulford Ca | unon (Truste | end) Hum 2 |
| | | WAS CAUSED BY: | par line for (a), (b), end (c).) | 0 | | ONSET AND DEATH |
| | | MEDIATE CAUSE (a) | bronary o | celusion | | suddlen |
| | 420.0 | DUE TO | 1 . / 2 | 1 | () | |
| | Conditions, if any, | which) (by c) | rleur Sch | whice He | art deser | e 3 years |
| | geva risa to immediate | | TO MELLINA | | | |
| | (a), steting the und | arrying (e) | | | | |
| | PART II. OTHER S | IGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVE | N IN PART 1(a) 19. WAS AUTOPSY |
| | PART II. OTHER S 200. EXTERNAL CAU PRIMARY Or CON' CAUSE OF DEATH. | A A | 1 | 047 404 3 | | YES NO V |
| | 20a. EXTERNAL CAU | SE WAS 1 YOU. I | ESCRIBE HOW INJURY OCCURED. | (Entar neture of injury in Par | et I or Part II of itam 18.) | |
| | PRIMARY OF CONT | | 7 | | | |
| | | Manth Day Yara I | 20d. INJURY OCCURRED 20e. PL | ACE OF INITIDY (Name for | m, ; 20f. (City or town) | (County) (Steta) |
| | 20c. TIME OF INJURY Hour a.m. | | | ACE OF INJURY (Home, farm tory, street, office bldg., etc. | | (County) (Steta) |
| | p.m. | 19 | at work at work | | | |
| | 21. I certify that | I took charge of the | remains described above, h | eld an Autopsy , | Inspection , Inquiry | and in my opinion |
| | death resulted fro | om: Natural causes | X. Accident , Sui | cide, Homicide | | nner |
| | | 1 | · : | CHIEF MEDICAL | EXAMINER | |
| - | ACTUAL | to 10 | 1 Drozz hou | ASSISTANT MED | DICAL EXAMINER | DATE SIGNED |
| | SIGNATURE | James g. | -0 | DEPUTY MEDICA | L EXAMINER 🔀 | -26-61 |
| | EXAMINER'S NAME (Type) | FLANK | J / Shoscha | 1 of | city, town, or county) | |
| | 220. BURIAL, CREMATION | 226. DATE THEREOF | 22c. NAME OF CEMETERY C | | 22d. LOCATION (City, town, | or country) (State) |
| | Burial (Specify) | 5/29/61 | George Wash. | Cemetery | Hvattsville | e, Maryland |
| 31 | 23. FUNERAL DIRECTOR | 7/2// 02 | ADDRESS | | C'D BY REGISTRAR 24b. REGIS | |
| 1 | Robert A. | Pumphrey | Bethesda, Man | ryland | IAY 31 '61 a. | Ilma S. Kraus |
| 100 | | E | | I DATE W | 171 0 1 0 1 | |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| | 5.7 | 5.5 | | CERTI | FICA | HE OF DEATH | | | | li5 | 716 | |
|-----------------|---|--|----------------------------|------------------------------------|--------------------|---|--------------|-----------------------|------------|-----------|-----------|------------------|
| · . | PLACE OF DEATH o. COUNTY Montgomery | | | MAR | YLAND | 2. USUAL RESIDENCE (Who a. STATE District of | ere decease | h. COUNTY | an: Reside | nce befor | e admiss | ian) |
| | b. CITY OR TOWN (IF | autside carporate limi | ts, write | c. LENGTH OF STAT | Y IN 16 | c. CITY OR TOWN (If o | utside carpo | orate limits, write R | URAL and | give nea | rest town |) |
|] | RURAL and give new Bethesda | arest tawn) | | 156 days | 56 days Washington | | | | | | × | > |
| | | AL (If nat in haspital, g | ive street | address) | | d. STREET ADDRESS | | Apple of the | | - | . IS RES | IDENCE FARM? |
| 1 | The Clinica | al Center, | Beth | esda 14, M | Id. | 1420 Sarato | ga Av | enue. N.I | G. | | | NO 🖾 |
| | NAME OF | Fir | st | Middl | e | Last | 4. DATE | Man | | Day | ,) | Year |
| | DECEASED (Type or print) | Paul | | Arthu | ur - | Carson | OF DEATH | May | 7 | 21 | 1 1 | 1961 |
| S. | SEX | 6. COLOR OR RACE | 7. MARE | RIED NEVER MARR | IED 🗍 | 8. DATE OF BIRTH | 14.7 | 9. AGE (In years | IF UNDE | | | |
| 1 | Male | White | WIDOWI | ED DIVORC | ED.L. | January 3, 19 | 04 | 57 yrs. | Manths | Days | Haurs | Min. |
| 100 | . USUAL OCCUPATIO | N (Give kind of work | dane 10b. | KIND OF BUSINESS | OR INDU | ISTRY 11. BIRTHPLACE (State | ar fareign o | country) | 12.CIT | IZEN OF | WHATC | OUNTRY? |
| | Clerk | ing life, even if retired | | Unknown | | India | na | | | U.S | .A. | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN N | IAME | | | | | |
| 1 | Arthur Car | son | | | | Carrie Gre | gg | | | | | |
| IY ₁ | | IN U. S. ARMED FOR If yes, give war or dates of s | (arriva | 78-07-9202 | | NFORMANTThe Medi ne Clinical Ce | | | | Mary | yland | d |
| | 18. CAUSE OF DEA | TH [Enter anly one ca | use per li | ne far (a), (b), and (c) | | | | | | INTE | RVAL BE | TWEEN |
| | PART I. DEAT | TH WAS CAUSED BY: | Pu | lmonary Co | onges | stion | | | | 2 | AND ho | ULS |
| | 141. | 9 DUE TO | / | | | | | | -0.36 | | | |
| | Canditions, if an | y, which) | Me | tastatic (| Carc | noma | | | | | 3 WA | eks |
| | gave rise to in | nmediate (| | | | | | 1111111111 | | | , | 0110 |
| | cause (a), stating t lying cause last. | he <u>under-</u> | | idermoid o | ea rec | inoma of tongu | | | | 1 | O mo | nthe |
| FICATION | PART II. OTH | | | | | T NOT RELATED TO THE TERMI | | SE CONDITION GIV | EN IN PAI | | . WAS | AUTOPSY RMED? |
| CERTI | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | ☐ CAUSE OF DEATH | 20b. DES | CRIBE HOW INJURY (| OCCURRE | ED. (Enter nature af injury in I | Part I or Pa | rt II af item 1B.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Haur a. m. p. m. | Manth, Day, Yea | 20d. II While at war | NJURY OCCURRED Nat while at wark | | ACE OF INJURY (Hame, form ictory, street, affice bldg., etc. | | y or tawn) | 357 | (County) | | (State) |
| | | | otteno | | from. | December 19 19 | 60 ta | May 24 | , 19_0 | 51, the | ot \$4) (| we) lost |

saw the deceased alive on and that death occurred of the fram the couses and on the date stated above. 220,

MED. DIRECTOR d ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md. 22c. PHYSICIAN'S 22d. ADDRESS DAVID T. CRAWFORD, M.D. NAME (Type)

BURIAL, CREMATION, +23b. DATE THEREOF REMOVAL (Specify) 5/27/61 burial

23c. NAME OF CEMETERY OR CREMATORY Cedar

23d. LOCATION (City, tawn, ar county) Pr. Geo. Co., Mary land

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

Hill Cemetery | Pr. Ge ADDRESS S.H. Hines Co., 2901 14th St. N.W.,

DATE MAY 2 9 '61

arthur S. Kraus

VR A1S (4) 1SM 9/S9

TO HOSPIT may be

| | HTAS TO MADERIALS | 7 |
|----------------|--|---------------------------|
| | | |
| | and clean state of the | |
| • • • | Temper 10, 10 July and to a | c . |
| | mal (anima) (emu v za vi) | |
| | | The state of the state of |
| | | |
| | aged 1000 | of influence within |
| e in months of | emorning in the second soft with the second | |
| 2h homes | polyennoù granedad | |
| and the E | accordance projects. | |
| address of | equet to amplace blom the | |
| nu Rij | | |
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| 4 2 | v wo ={::{ | Mount + Kiar + F |
| 1/2/2 | western & M. Co. | D David |
| | The state of the s | S.C. SVM |
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| | Charles and San San San San | (. m) Title |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY M o nt gomery MARYLAND c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 director. write RURAL end giva neerasl lown) your 3hrs. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Washington d. STREET ADDRESS 13%1-E. Capitol St. S.E. retained Suburban First NAME OF Middle last 4. DATE Month DECEASED OF the (Typa or print) DEATH Herman Joseph Carter May 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH. AGE (In years | IF UNDER 1 YEAR 2 with 1, 2, and 3 age 5 may and 2 will last birthday) Months Days executed within 24 hours after dil in item 18. Give Pages 1, 2, and long with form PM3-Rage 5 ms ansit permit, Five pages hand 2 and in any event within 72 hour male WIDOWED DIVORCED Oct .. 8 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Awning Mechanic Burton Awning Co. Virginia U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leighton Carter Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) World War Marjorie Carter-11- 35 th.St.S.E. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along v burial-transit p noval, and in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO removal, "pending" gave rise to immediata causa (0) DUE TO (e), stating the underlying Examiner cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enler natura of Injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: execute the certificate, writing ild be forwarded to the Chief forwarded to the Chief Od. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or to factory, street, office bldg., etc.) Month, Day, Year Not While at work at work 1961 21. I certify that I took charge of the remains described above, held an Autorsy Inspection & Inquiry death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL should be DEPUTY MEDICAL EXAMINER トoscha+ナ NAME (Type) Address (Street, city, lown, or county) DEP 9989 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATOR) 22d. LOCATION (City, lown, or country) 40 6 OI REC'D BY REGISTRAR 1 246. REGISTR VS. AISME MAY 22 5M 7/59

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Hours

INTERVAL BETWEEN

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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|) | o. COUNTY MONT | GOMERY | | MARYLANI | | O. STATE MARY | | d lived. If institution b. COUNTY | on: Residence | | | ion) |
|---|--|--|--------------------|------------------|------------------|--|---------------|--|---------------|--------|----------------|---------------------------|
| | | f outside corporate limitarest town) | | GTH OF STAY IN 1 | ь | CITY OR TOWN (IF | | | | | |) |
| 1 | OR INSTITUTION | AL (If not in hospital, g | ive street address |) | | d STREET ADDRESS | SHINE) | | | 1 | | IDENCE FARM? NO X |
| | 3. NAME OF DECEASED | Fire | st | Middle | | Lost | 4. DATE | Mon | th | Day | y) | Year |
| 1 | (Type or print) | Mon | TGOMERY | WRIGH | T | CASHELL | DEATH | MAY | | 19, | 1 | 19 61 |
| | S. SEX | 6. COLOR OR RACE | 7. MARRIED WIDOWED | DIVORCED [|] B. D | 2-15-1876 | | 9. AGE (In years lost birthday) 85 yrs. | Months Months | Days | Hours Hours | R 24 HRS. Min. |
| | during most of work | ing life, even if retired) | dane 10b. KIND (| Farm | DUSTRY | 11. BIRTHPLACE (SION | | auntry) | | USA | WHATC | OUNTRY? |
| 1 | 13. FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN | | | | | | |
| 1 | IS. WAS DECEASED EVE | E WASHINGT | | | , INFO | | E AUGUS | STA HOBBS | | | | |
| | | (If yes, give war or dates of so | | | | PITAL RECO | RDS. OI | | | | | |
| | | mmediote (|) | | 1es | enteric d | throm | bosis | | | RVAL BE ET AND | |
| | PART II. OTH | HER SIGNIFICANT CON | | SUCCES | | T RELATED TO THE TERA | MINAL DISEAS | E CONDITION GIV | 'EN IN PART | 1(0) 1 | PERFO | AUTOPSY RMED? NO [] |
| | | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCRIBE H | OW INJURY OCCUI | RRED. (E | nter nature of injury in | Port I or Por | t II of item 1B.) | | | | |
| | Y 20c. TIME OF INJUR Hour a. m. p. m. | Y Month, Day, Yeo | While _ N | OCCURRED 20e. | PLACE factory | OF INJURY (Home, far , street, office bldg., el | m, 20f. (City | or town) | (0 | aunty) | | (State) |
| | 21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) | (I) (this haspital ed alive an S | 117 1 a- ya | - (-1 | | 22d. ADDRESS | | STAFF PHYS. | | | stated | above. DATE SIGNED |
| | 230. BURIAL, CREMATIO REMOVAL (Specify) | | | NAME OF CEMETER | Y OR CI | | 23d. LOCA | TION (City, town, | | | (Stote | e) |
| | Burial | 5-22-6 | | it. Carmel | | | | nshine, | | = . | - | |
| | 24. FUNERAL DIRECTOR | S SIGNATURE | 3 0 P. 2 A | Laytons v | 477- | | C'D BY REGIST | | STRAR'S SIG | | E | |
| | 7 / / / / / / | - 12. 000 | - well | Day COHS V | كالبطاط | · PILL | . = 4 | Circ | wy d. 71 | rauch | | |

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FOR STATE HEALTH DEPT.

5758 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | Dist. | | 1 5 | 5 | 17 | A | 204 |
|------|-------|-----|-----|---|----|---|-----|
| Reg. | Dist. | No. | U | U | 4 | * | 6 |

| 1. PLACE OF DEATH a. COUNDIT GOMERY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest lown) BETHESDA c. LENGTH OF STAY IN 1b L Hr. | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING | | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4939 Cordell Ave. | d. STREET ADDRESS 929 GIST AVE. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) | | | | | | | |
| 3. NAME OF DECEASED (Type or print) Ferdinand P Cay | Lost 4. DATE Month Doy Year OF DEATH MAY 11 19 61 | | | | | | | |
| The state of the s | May 5,1905 56 yrs. Months Days Hours Min. | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) Civil Engineer A.B. Engineering (| | | | | | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | | |
| Daniel Cavelli Italy | Eletta Archangeli Italy | | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II | NFORMANT 929 G18t Avenue | | | | | | | |
| [Yes, no, or unknown] [If yes, give wor or dates of service] 220-32-6779 | | | | | | | | |
| NO THE | s. Nell R. Cayellie Silver Spring, Maryland | | | | | | | |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY OCCUSE | ONSET AND DEATH | | | | | | | |
| 4201 DUE TO | | | | | | | | |
| Canditions, if any, which) (b) | | | | | | | | |
| gave rise to immediate cause | | | | | | | | |
| (a), stating the underlying cause last. | | | | | | | | |
| | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY | | | | | | | |
| History of previous Heart Disease | PERFORMED? YES NO X | | | | | | | |
| | Enter nature of injury in Port I or Part II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40. M. While Not while of work of twork of twork 19 and two of work 19 are two of tw | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work | | | | | | | |
| 21. I certify that I taak charge af the remains described obo | 21. I certify that I taak charge of the remains described obove, held on Autopsy , Inspection , Inquiry , and in my | | | | | | | |
| opinion death resulted fram: Notural causes Accident | opinion death resulted fram: Notural causes 2. Accident . Suicide . Hamicide . Undetermined manner | | | | | | | |
| SIGNATURE Trang & Broschart | M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED ASSISTANT MEDICAL EXAMINER [] 5.731.63 | | | | | | | |
| EXAMINER'S NAME (Type) Dr. Frank J. Broschart | ASSISTANT MEDICAL EXAMINER () 5/11/61 DEPUTY MEDICAL EXAMINER () | | | | | | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) | CREMATORY 22d. LOCATION (City, town, or county) (Stote) | | | | | | | |
| Burial May 15, 1961 Gate Of Heave | en, Cemetery Montgomery Co. Maryla nd | | | | | | | |
| Warner E. Pumphrey Inc. 8434 Georgia A Silver Spring, | MAY 4 = 107 6 .4 A 14 | | | | | | | |

TO DEPUTY "SICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dela execute execute certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the ful director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS. A15ME 5M 2/57

MARSTANDITATE DEPARTMENT OF REALTH BASTIMORE,
TANEDICAL EXAMINERS CERTIFICATE OF BEATH

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TO HOS IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed filled in by the death.

\$\frac{1}{2} \in \text{TO FUNERAL DIRECTOR.}\$ After this certificate has been signed by the attending physician and completely filled in by the standard of the defeath of the d

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute

MARYLAND STATE DEPARTMENT OF HEALTH

OE STATISTICAL RESEARCH HAND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 05748

| | 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission) | | | | | | |
|----|---|--|---------------------------|-------------------------|--|----------------------|------------------|------------------|----------------------------|-----|--|
| | Montgom | שיים | | MARYLAND | a. STATE | | b. COUN | | | | |
| - | | (if outside corporele limit | ls. l c. | LENGTH OF STAY IN 16 | Maryland | If outside corporal | te limits, write | ntgomery | nearast town) | - | |
| | write RURAL and | d give naarasi town) | | | The second of the second secon | | | | | | |
| | | a Park, | | | d. STREET ADDRESS | Spring | , | 30 | | | |
| | d. NAME OF HOSPI | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | | | | | | | e. IS RESIDEN | | |
| | Wash | ington Sani | gton Sanitarium and Hosp. | | | treet. | | | YES NO | k | |
| = | 3. NAME OF | First | | Middle | Last | 4. DATE | Month | Day | Yeer | - | |
| | (Type or print) | | | | Chaikin | OF DEATH | V 06 | | 10 /3 | | |
| - | 5. SEX | 14 COLOR OR PACE | | | B. DATE OF BIRTH | | May 26 | IF UNDER 1 YEAR | 19 61 | o c | |
| 1 | | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIKIT | | est birthdey) | Months Deys | Hours Mir | | |
| Ma | le | White | WIDOWED | DIVORCED | May 25, 196] | | yrs. | | 9.0 | 0 | |
| | 10a. USUAL OCCUPAT | TION (Giva kind of work | 10b. KIND | OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (Coun | ity & Stele, or fore | eign country) | 12. CITIZEN | OF WHAT COUNT | RY? | |
| | | orking life, even if retire | | | 36. 2 | | | | | | |
| - | none 13. FATHER'S NAME | | 1/4 | one | Maryla 14. MOTHER'S MAIDEN | | | Ameri | America | | |
| | is. FAIRER'S NAME | | | | 14. MOTHER S MAIDEN | NAME | | | | | |
| | Geor | rge - | | Chaikin | L. Judit | th Shap | iro | | | | |
| | | ER IN U.S. ARMED FOR | | CIAL SECURITY NO. 17. | INFORMANT | | Address | | | | |
| | no, or unkown) | If yes give we ror detes of se | ervice) | no | fathan | | | | | | |
| = | | DEATH [Enter only one | cause per line | for (e) (b) and (c) i | father | | | 1.16 | ITERVAL BETWEEN | | |
| | | TH WAS CAUSED BY: | 000 | 0 1 | 0.0. | , , 0 | | | NSET AND DEATH | 1 | |
| | TAKI I. DUA | IMMEDIATE CAUSE (e) | sund | unal of | wackness | a kem | aux | age | 18 1113 | -4- | |
| | 758.1 | DUE TO | | | | | | | | | |
| | Conditions, if any | y, which) (b) | | | | | | | | | |
| | gave risa to immad | liata ceusa | | | | | | | | | |
| | (a), stating tha L | underlying DUE TO | and. | - della | tie lugal | | | G | 1200 4 | 0 | |
| | cause lest. |) (c) | ceno | - Accorptions | - away | isni | | | 7.000 | | |
| | PART II. OTHE | R SIGNIFICANT CONDI | TIONS CONTRI | BUTING TO DEATH BUT I | OT RELATED TO THE TERMIN | NAL DISEASE CO | NDITION GIV | EN IN PART 1(a) | 19. WAS AUTOP PERFORMED | | |
| | E . | | | | | | | 1000 | YES NO | | |
| | | AS UNDERLYING | 20b. DESCRI | BE HOW INJURY OCCUR | ED. (Enter neture of injury in I | Part I or Pert II of | item 18.) | | | | |
| | OR CONTRIBUTING | MEDICAL EXAMINER | | | | | | | | | |
| | | | | | | | | | 45 | | |
| | 20c. TIME OF INJU | URY Month, Day, Yes | While | | LACE OF INJURY (Homa, farm actory, street, office bldg., etc. | | town) | (County) | (State) | | |
| | Z p.m. | 19 | at work | at work | | | | | | | |
| | | | | | | | | | | | |
| | 21. I certify that (I) (this hospital) attended the deceased from May 2.5, 1961, to way 26, 1961, that (I) (we) last saw the deceased alive on 1961, and that death occurred and 25M, from the causes and on the date stated above. | | | | | | | | | | |
| | | sed alive on | | 19. 9.1 , and th | at death occured a | M, from the | he causes | and on the c | | | |
| | 22a. SIGNATURE | 1 -1 | | 000 | ATTENDING | MED | STAFF | A | 22b. DA | NED | |
| | 1 140 | daly X Q | went | the . | | DIRECTOR _ | PHYS. | Ju | sy 26,19 | 61 | |
| | 22c. PHYSICHEN'S | To the same of the | | 11/ | 22d. ADDRESS | 0 11 | 4 1 1 | 0-0 | 1 | ./ | |
| | NAME (Type | Sydney | Leve | nthei 1 | 1. D. 4210 G | levelle | Ka. | selver of | Lung, m | 61. | |
| 1 | OR BUBLAL CREEK | ION, I 23b. DATE THER | 105 | 3c. NAME OF CEMETER | OR CREMATORY | 23d. LOCATI | ON ICIN AN | un or county) | (State) | | |
| 33 | 23a. BURIAL, CREMAT REMOVAL (Specify |) ZSB. DATE THE | 2. | SC. NAME OF CEMETER | OK CREMATORT | 23d. LOCAII | Old (City, lot | with of country) | (31616) | | |
| | Cremation | 6-3-61 | | Washingto | n Sanitarium a | and Hosn | ital ' | Takoma P | ark. Md. | | |
| | 24 FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | 25a. REC | D BY REGISTRA | | | | | |
| N | Robert A. | Hane M D | Wachin | oten Can | Hoand to 7 DATELIN | N 6 '61 | Car | Finer S. Kra | u.a | | |
| 1. | 1 1 1 1 1 1 | Harres PlaDa | KSISII | gron san. & | Hospital DATEU | | | | | - | |
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| | | Montgomery | | MARYLAN | | usual RESIDENC a. STATE Man | E (Whe | 0.00 | d lived. If instituti b. COUNTY | | nce before | | sion) |
| | b. CITY OR TOWN (RURAL and give in Derwood | | ts, write | c. LENGTH OF STAY IN 1 | Ь | c. CITY OR TOWN | | itside carpo | rate limits, write R | URAL and | give rec | rest taw | n) |
| | | TAL (If not in hospital, g | ive street | address) | 1 | d. STREET ADDRE | - | | | | | ONA | SIDENCE A FARM? |
| | NAME OF DECEASED (Type or print) | Fin Moll | | Middle arvelle Child | ls | Lost | | 4. DATE OF DEATH | Mor Ma | | Do 3 | у | Year 19 61 |
| | sex Female | 6. COLOR OR RACE White | 7. MARR | ELED NEVER MARRIED DIVORCED | 8. D. | March 2] | | | 9. AGE (In years last birthday) 80 yrs. | V | R 1 YEAR Days | Haurs | ER 24 HRS. Min. |
| 100 | during most of wor Housewif | king life, even if refired) | ione 10b. | KIND OF BUSINESS OR IN | DUSTRY | 11. 8IRTHPLACE (| | | ountry) | 12. C | | S.A | COUNTRY |
| 13. | FATHER'S NAME | | | | 14 | . MOTHER'S MAIL | | | | | 19 | | |
| | WAS DECEASED EVI | Allnutt R IN U. S. ARMED FOR | | SOCIAL SECURITY NO. 11 | 7. INFO | Martha | Dur | rall | Add | ress | | - | |
| (16 | s, no. or unknown) | (If yes, give wor or dates of se | | | Mr | s. Willia | am (| Childs | Derwo | od, I | Md. | 12 | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) | | | | | celus | | | | | INT | RVAL 8 | DEATH |
| | Conditions, if a | | 19 | mourten | 3h | Car | :65 | 10 Ux | scular & | min | | Y | K |
| | cause (a), stating lying cause last. | | | Hyania | T | Dyclo | nel | phy | tú | | | Y | 15. |
| CERTIFICATION | PART II. OT | HER SIGNIFICANT CON | DITIONS C | CONTRIBUTING TO DEATH | BUT NOT | RELATED TO THE | TERMIN | IADDISEASI | E CONDITION GIV | EN IN PA | RT 1(a) 1 | PERFC | AUTOPSY ORMED? |
| | 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCU | RRED. (E | nter nature of inju | ry in Po | art Lar Part | t 11 of item 18.) | P | 1 | | |
| MEDICAL | 20c. TIME OF INJUI Hour a. p., p. m. | RY Month, Day, Yea | While at war | Nat while | PLACE factory, | OF INJURY (Home, street, affice bldg | , farm, ., etc.) | 20f. (City | or town) | | (County) | 1 | (State) |
| | 21. I certify that I attended the deceased fram | | | | | | | | | | | | |
| | ACTUAL SIGNATURE | - JA | YY, | pro | M.D. | ***** | | | | | | | |
| | PHYSICIAN'S NAME (Type) | C. H. Ligor | | | | *************************************** | | | Sandy Sp | | , Md | • | 5/3/6 |
| 720 | REMOVAL (Specify Rurial | 5-5-61 | F | St. John | OR CR | EMATORY | | | nev. Marv | or county) | | (Stat | e) |
| 23. | FUNERAL DIRECTOR | 'S SIGNATURE | La | ADDRESS vtonsville. | ۷d. | 240. | REC'D | BY REGIST | RAR 24b. REGI | | | | |

TO HOSPITAT, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hard, after death. Page 4 may be to red by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5761 CERTIFICATE OF DEATH

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|--|--|--------------------------------------|---|-------------------------|---|
| 1. PLACE OF DEA | TH | | 2. USUAL RESIDENCE (When | | |
| Mont gon | nerv | MARYLAND | . STATE Maryland | b. COUNTY | ce Georges |
| b. CITY OR TOWN | I (if outside corporete limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside | | |
| | na Park. | | Jessup | | |
| | | ot in hospitel, give street eddress) | d. STREET ADDRESS | 1 12 0 | e. IS RESIDENCE |
| | on Sanitarium | and Hospital | Box 6, | 13,2 | ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | L.C. | Middle | Charitation In DEF | TH M OO | Dey Yeer |
| 5. SEX | I COLOR OR RECEI | MARRIED TAILUED MARRIED THE B | Christian Jr. | 9. AGE (In yeers IF U | NDER 1 YEAR IF UNDER 24 HRS. |
| Male | | MARRIED NEVER MARRIED X | May 28, 1961 | lest birthday) Mo | nths Deys Hours Min. |
| | ATION (Give kind of work working life, even if retired) | 106. KIND OF BUSINESS OR INDUSTR | | , or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| none | Training (no, even in renied, | none | Mary: | land | America |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | | |
| L.C. | • | Christian | Peggy And | n Meade | |
| | EVER IN U.S. ARMED FORCE: (If yes give wer or detectors of serv | | INFORMANT | Address | |
| no | no | no | father | | |
| 1B. CAUSE OF | F DEATH [Enter only one ce | use per line for (e), (b), end (c).] | | | ONSET AND DEATH |
| Conditions, if e gave rise to imm (e), steting the ceuse lest. PART II. OTI | ediate cause DUE TO (c) | Microscopic pulmo (Microscopics to | follow.) | • | N PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO - |
| OR CONTRIBUTION | WAS UNDERLYING 2 NG CAUSE OF DEATH IFY MEDICAL EXAMINER) | Ob. DESCRIBE HOW INJURY OCCURED | D. (Enter neture of injury in Pert I or P | ert II of item 18.) | 110 [24 110 [] |
| 20c. TIME OF IN Hour a.n | n. | | ACE OF INJURY (Home, ferm, 20f. tory, street, office bldg., etc.) | (City or town) | (County) (State) |
| 21. I certify | that (I) (this hospital |) attended the deceased from. | , 19, | to | , 19, that (I) (we) last |
| saw the dece | ased alive ong | | death occured atM, f | rom the causes and | on the date stated above. |
| 22e. SIGNATUR | orde of | Claus " | ATTENDING MED. PHYS. DIRECTOR | STAFF PHYS. | 22b. DATE SIGNED 5-28-61 |
| 22c. PHYSICIAN NAME (Ty | pe) | | 22d. ADDRESS | | |
| | Donald Straus | | 3400 May St., | Silver Spri | ng, Maryland |
| REMOVAL (Spec | ify) | | Sanitarium and H | OCATION (City, fown o | r county) (Steta) |
| 24 FUNERAL DIRECT | | ADDRESS | | GISTRAR 256. REGIST | |
| Robert A | . Hare. M. D. | Wash. San. & Host | oital DATE, IIIN 13 | '61 arthu | or S. Kraus |

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TO HOSP CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death.

S = death.

You have be retained by the hospital or attending physician.

You function and completely filled in by the funefall of funefall or funefall nin 24 hours after

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3500 day 5t., Slaver Spring, Marylets

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5769 1. Em-

| 1. PLACE OF DEATH o. COUNTY | The second secon |
|--|--|
| | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
| A1 - | e. STATE b. COUNTY |
| MARYLAND MARYLAND | THE WILL THE DECKEN |
| b. CITY OR TOWN (if outside corporeta lights, c. LENGTH OF STAY IN 11 write RURAL and give nearest town) | c. CITY ON TOWN (If outside corporate limits, write RURAL end give nearest town) |
| T | W. H. The 11.11. 11.50-20 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) | d. STREET ADDRESS e. IS RESIDENCE |
| d. NAME OF HOST TAL OK INSTITUTION (II HOT III HOSPHAI, 9170 SHEET EQUIESS) | ON A FARM? |
| NashingTon SaniTarium "nd Hospita, | 1 1709 hebanow ST YES NOW |
| NAME OF First Middle | Last 4. DATE Month Day Year |
| DECEASED | OF |
| (Type or print) Michael Alexander | COCIRENZI DEATH May 6 1961 |
| . SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years AF UNDER 1 YEAR IF UNDER 24 HRS. |
| | last birthdey) Months Deys Hours Min. |
| WIDOWED DIVORCED | 7-12-13 45 yrs. |
| | STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| dona during most of working life, even if ratired) | - D = - (0 / i) |
| Dealtsman O.C. Highway Q | of DISINICT of Columbia U.S. |
| 3. FATHER'S WAME | 14. MOTHER'S MAIDEN NAME |
| 1.1.0.110 | 62. 11 -: |
| John Cod Renzi | GRACE MURGIA |
| was Deceased ever in U.S. Armed Forces? 16. SOCIAL SECURITY NO. 17 (es, no, or unknown) (Ilyesgivewerordetesofservice) | . INFORMANT Address |
| 1/2 Tunk | HASSITAL PORCH |
| 1B. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).] | 1103 PITAL LECORAS INTERVAL BETWEEN |
| | OMSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: Compression | BRAIN STEW TOBYS |
| A DIVINO A | |
| Conditions, if any, which OE Cerebral OE | decid social ulda |
| | |
| 101 | dema approx 14 day |
| geva rise to immediate ceuse | |
| geve rise to immediate ceuse (a), steting the underlying DUE TO | |
| geve rise to immediate couse (e), stelling the underlying DUE TO Suprasella (c) | |
| geve rise to immediate ceuse (e), stelling the underlying DUE TO Suppose Sella. | r neoplasm estimated 4 mos. + not related to the terminal disease condition given in part 1(0) 19. Was autopsy |
| geve rise to immediate couse (a), steting the underlying DUE TO Suprasella couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | neoplasus estimated 4 mos. + not related to the terminal disease condition given in part 1(0) 19. Was autopsy performed? |
| gove rise to immediate ceuse (a), stelling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Suspected infarction (c) | neoplasm estimated umos. of not related to the terminal disease condition given in part 1(0) 19. Was autopsy performed to be yes no |
| geve rise to immediate ceuse (e), steting the underlying DUE TO ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SUSpected infarction 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI | neoplasus estimated 4 mos. + not related to the terminal disease condition given in part 1(0) 19. Was autopsy performed? |
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TO HOS. "AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. "See 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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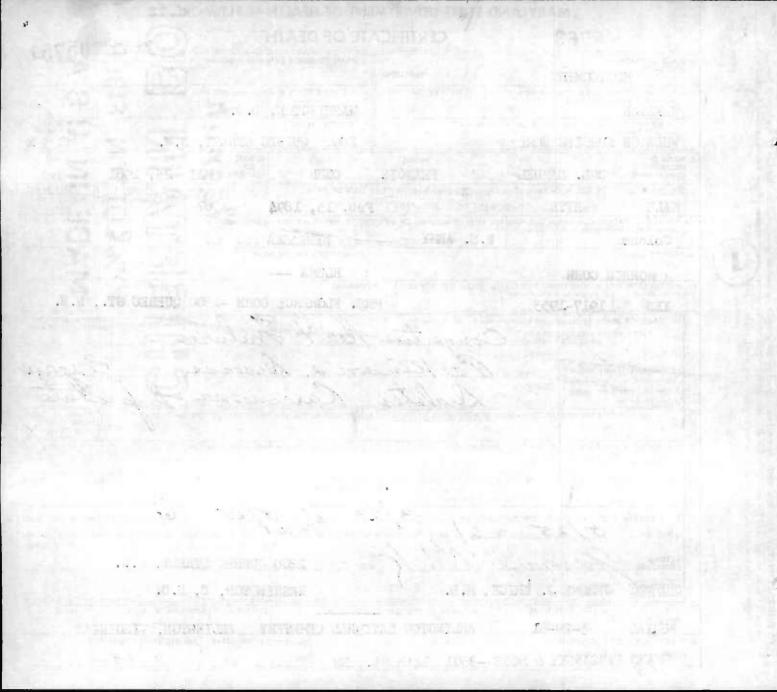
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| | W ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hy. After death. Page 4 | | campletely filled in by the funeral directar, | papers. Pages 1 and 2 should be filed with | * |
| | ne law requires that the death certificate be exec | physician. | AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, | shauld be detached far use as the burial-transit permit. Then please remaye comban papers. Pages 1 and 2 should be filled with | from prior to hurial greenation or removal and in any event within 72 hours often Menth |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Re 5763

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| 1. PLACE OF DEATH a. COUNTY MONTO | GOMERY | | MARYLAND | 2. USUAL RES | SIDENCE (Wh | nere deceased | d lived. If instit b. COUN | | esidence befo | ore admiss | John II |
| b. CITY OR TOWN (If at RURAL and give neare WHEATON | | its, write | c. LENGTH OF STAY IN 16 | | NGTON. | | rate limits, writ | e RURAL | and give ne | arest town | n) 7>/- |
| d. NAME OF HOSPITAL OR INSTITUTION WHEATON NUM | | | oddress) | d. STREET | ADDRESS | C STR | EET. N. | W. | | ON A | FARM? |
| | | | | 1 | | 1 | | | | | |
| 3. NAME OF DECEASED (Type or print) | DL. SAMUE | | Middle FRANCIS | COH | N | 4. DATE OF DEATH | | Nonth | 1961 | , | Year 19 |
| 5. SEX 6. | COLOR OR RACE | 7. MARR | IED A NEVER MARRIED | B. DATE OF BIR | TH | | 9. AGE (In year | | NDER I YEAR | R IF UND | ER 24 HRS. |
| MALE | WHITE | WIDOWE | - | Feb. 15 | , 1894 | | 67 y | y) Mai | nths Days | Hours | Min. |
| during most of working Colonel | Give kind af wark life, even if retired | 1) | S. ARMY | NE | BRASK | A Pola | | 1: | USA | FWHATC | COUNTRY? |
| 13. FATHER'S NAME | | | | 14. MOTHER | 'S MAIDEN N | IAME | | | | | |
| MORRIS (| COHN | | | BLU | MA | | | | | | |
| 15. WAS DECEASED EVER IN | U. S. ARMED FOR | | SOCIAL SECURITY NO. | INFORMANT | | | A | ddress | 357 | 100 | - |
| | 917–1953 | service) | | MRS. FLO | RENCE | COHN . | -2800 Q | UEBE | C ST., | N.W | |
| PART I. DEATH PART I. DEATH IN Canditions, if ony, gave rise to imm cause (a), stating the lying cause last. | WAS CAUSED BY: MEDIATE CAUSE (c Which (tediate) | | Parkin Diaketes | son's | of of said | Pail | ure ise | L | bro | 3 ya | les |
| PART 11. OTHER | SIGNIFICANT CON | IDITIONS C | CONTRIBUTING TO DEATH BU | T NOT RELATED 1 | O THE TERMI | INAL DISEAS | E CONDITION | GIVEN | PART 1(o) | 19. WAS PERFO YES | DRMED? |
| 20g. ACCIDENT WAS LOOK CONTRIBUTING (IF EITHER, NOTIFY ME | CAUSE OF DEATH | 20b. DESC | CRIBE HOW INJURY OCCURR | ED. (Enter nature | af injury in I | Port I ar Por | t II af item 1B.) | | | | |
| WE DO INJURY Haur a. m. p. m. | Month, Day, Ye | ar 20d. IN While at warl | Nat while | PLACE OF INJURY actory, street, affi | (Hame, farmice bldg., etc | 20f. (City | ar tawn) | 1.1 | (Caunty |) | (Stote) |
| 21. I certify that alive an | rerom | 12 | ed fram. 3/. Another deat M.D. | 23, 19.6 h accurred a | 2800 | QUEBE | the causes treet, city ar too CC STREE | and and wn, state |) | e stated | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) | | | 22c. NAME OF CEMETERY | OP CREMATORY | | | TION (City, taw | | unty) | (Stat | te) |
| BURIAL | 5-29-61 | | ARLINGTON NA | TIONAL C | PETER | RY A | RLINGTO | N. V | TROTN | [A | |
| 23. FUNERAL DIRECTOR'S S | | | ADDRESS | | 24a. REC' | D BY REGIST | RAR 24b. RE | EGISTRAI | R'S SIGNATU | | 9 69 |
| BERNARD DAN | CANSKY & | SONS | -3501 14th S | t. NW | DATE | (31 16 | 1 0 | lithur | 8. Krall | 4 | |



FOR STATE HEALTH DEPT.

DEP WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any way is necessary, lease execute the certificate, writing the word "pending" In pencil In Item 18. Give Pages 1, 2, and 3 to the fundral director. Page should be forwarded to the Chief Medical Examiner's Office along with form TM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. It pages 1 and 2 with the State Boar of Health, its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death. ö

| O G | 74 | TO |
|-----|-----|----|
| VS. | | |
| 5M | //: | 9 |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 57 | 64 MEDICA | AL EXAMINER'S | CERTIFICA | TE OF DEATH | 115759 |
|---|---|----------------------------------|--------------------------------|---------------------------------|--|
| 1. PLACE OF DEAT | TH | | | | institution: Residence before edmission |
| Montgomer | v | MARYLAND | District | of Columbia | NTY |
| b. CITY OR TOWN | (if outside corporate limits, | c. LENGTH OF STAY IN 16 | | | e RURAL end give nearest town) |
| Bethesda | (Ruma) | DOS | Maghinato | _ | 4714-5 |
| | PITAL OR INSTITUTION (if not in | | d. STREET ADDRESS | Ц | 1 o. IS RESIDENCE |
| | | | | | ON A FARM? |
| J. NAME OF | ral Hospital | Middle | | Street, N. W. | YES NO X |
| DECEASED | 11131 | Middle | Last | 4. DATE Mont | h Day Year |
| (Type or print) | Earl | Walter | COOK | DEATH May | 29 19 61 |
| 5. SEX | 6. COLOR OR RACE 7. MA | RRIED NEVER MARRIED B | . DATE OF BIRTH | 9. AGE (In yeers last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Male | Caucasian wind | OWED DIVORCED | 1-29-88 | 73 yrs. | Months Days Hours Min. |
| IOa. USUAL OCCUPA | ATION (Give kind of work working life, even if retired) | b. KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| Mariner | working life, even if fefifed) | U. S. Navy | Washing | ton, D. C. | U.S.A. |
| 13. FATHER'S NAME | | or by Mari | 14. MOTHER'S MAIDEN | | V.D.A. |
| Vincent F | COOK | | | | |
| | EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. I | Mollie BR | Addres | |
| (Yes, no, or unkown) | (If yes give war or dates of service) WW L&C I I | | 4.5 | | |
| | | (W) | () Mrs. Mert | ie I. Cook, sa | me as #2 above |
| | DEATH [Enter only one cause : | per line for (e), (b), and (c).] | | | ONSET AND DEATH |
| PARI I. DEA | TH WAS CAUSED BY: Ar | teriosclerotic H | eart Disease | € | Unknown |
| 113 | O DUE TO | | | | |
| Conditions, if er | | | | | The second second |
| gave rise to imme | diate cause | | | | |
| (a), stating the | underlying DUE TO | | | | |
| cause lest. |) (c) | | | | |
| PART II. OTH | IER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMI | NAL DISEASE CONDITION GIV | VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| 3 | | | | | YES X NO |
| PART II. OTH 20a, EXTERNAL OF CAUSE OF DEATH | CAUSE WAS 20b. DE | SCRIBE HOW INJURY OCCURED. (E | nter nature of Injury In Par | rt I or Part II of item 18.) | |
| CAUSE OF DEATH | | | | | |
| 20c. TIME OF IN. | JURY Month, Day, Year 2 | Od. INJURY OCCURRED 200, PLA | CE OF INJURY (Home, fare | m, 20f. (City or town) | (County) (State) |
| Hour a.m. | of a | Vhile Not While factor | ory, street, office bldg., etc | -) | |
| Pili | | | 11 A . 47 | | |
| 21. I certify | | remains described above, he | | Inspection, Inqui | ry and in my opinion |
| death resulted | from: Natural causes | X. Accident . Suici | de, Homicide | Undetermined n | nanner |
| | 1 | 0 | CHIEF MEDICAL | EXAMINER | |
| ACTUAL SIGNATURE | Traud & | 1 Irver trait | ASSISTANT MED | OICAL EXAMINER | DATE SIGNED |
| W. W. W. W. W. | 1 | | | L EXAMINER X | 5-29-61 |
| EXAMINER'S NAME (Type) | Frank J. BRO | SCHART, M. D. | | city, town, or county) | , -, 02 |
| 20. BURIAL, CREMAT | ION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR | | 22d. LOCATION (City, town | n, or country) (State) |
| REMOVAL (Specific Burial | 6-2-61 | Arlington Nati | onel | Arlington | Virginia |
| 23. FUNERAL DIRECT | | ADDRESS ADDRESS | | 'D BY REGISTRAR 24b. REG | |
| "/// | UMI / hismand | | | | |
| W.W.Chambe | rs co.,3072 M S | St., NW, Washington | D.C. DATE | Ch | Thur S. Kraus |

| and L | | | | Mark Control | |
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| | | | A C | (1.117) | unit of the |
| | Surees, M. W. | BUEL FEW | | ferigach inv | W. 3. J |
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| myouda) | | Jedo II. (1901. | chonilogrida. | | |
| aworula) | | Hear's Disease | : howelessiness | | |
| nvondnu | | Jose III (1891) | e i oz.login oz | | |
| nvonderd | | Jaks 1.0 (1891) | : on in in | | |
| mvore/m) | | Jade (189) | : 10%.10 11 | | |
| mvomini | | | | | |
| (inferrorm | X | | | | |

TO HOSPILE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the patter death. Page 4 may be remarked by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

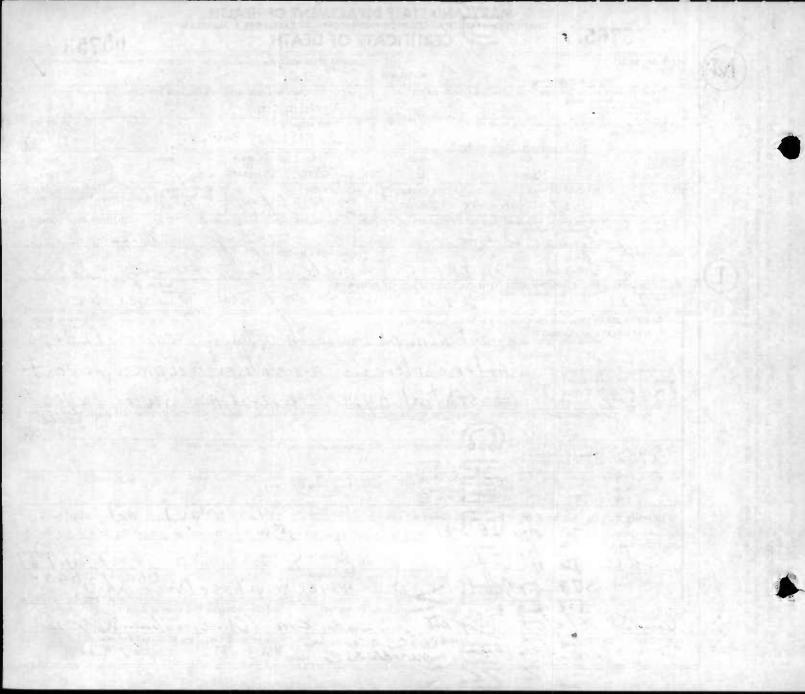
5765

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| - | 1 | 5 | 7 | 5 | 2 |
|---|---|---|---|---|---|
| | | | | | |

| 1 | 1. PLACE OF DEATH g. COUNTY | | | 2. USUAL RESIDENCE (V | | If institution: Residence COUNTY | e befare admissia | an) |
|---|--|---------------------------------|--------------------------|------------------------------|---------------------------|----------------------------------|-----------------------------|-----------|
| 1 | | comery | MARYLAND | D.C. | , " | | | V |
| | b. CITY OR TOWN (If outside RURAL_and give nearest to | | LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | f autside carporate lim | its, write RURAL and g | ive nearest tawn) | |
| | Bethesda | wnj | 20. 2 | Washing | ton | 4 | 47X | - |
| | d. NAME OF HOSPITAL (If n | at in haspital, give street add | dress) days | d. STREET ADDRESS | | | e. IS RESID | DENCE |
| | OR INSTITUTION | | | 4120 Mili | tary Road, | N 1.1 | ON A F | |
| | 3. NAME OF | uburban Hospi | | 1 | 4. DATE | Manth | | - 74 |
| | DECEASED | First | Middle | Last | OF | Manth | / | ear - (3 |
| | (Type ar print) | Mae | G | Corey | | lay | | 961 |
| | 5. SEX 6. CC | OLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | last last | birthday) Manths | Days Hours | Min. |
| | 7 | WIDOWED | DIVORCED [| 6/24 | 171 | 39 yrs. | | |
| | 10a. USUAL OCCUPATION (Giv | e kind af wark dane 10b. Ktt | ND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (SIG | e ar fareign country) | 12. CITI | ZEN OF WHAT CO | DUNTRY? |
| | during most of working life | even ir retired) | (e) | - | U. 4 | 4002 | 46 | 0. |
| | 13. FATHER'S NAME 1 | and of | | 14. MOTHER'S MAIDEN | NAME | | 1 | |
| 1 | (lot | m her | meet. | Lelia | (C) m | asour. | . 1 - | |
|) | 15. WAS DECEASED EVER IN U. | S ADMED SOUCES IN SO | CIAL SECURITY NO. 17, II | NFORMANT . | 0 /// | Address | and & | ou |
| | (Yes, no. or unknown) f (If yes, gi | ve wor or dates of service) | CIAL SECURITY NO. 17, 1 | Parlin | 0 200 | 7 | 201 | |
| | m | | wone | 200111 | 1 101. | 1 mu | 200 | |
| | 18. CAUSE OF DEATH [E | nter anly ane cause per line | far (a), (b), and (c).] | | 1 . | | INTERVAL BET | |
| | PART I. DEATH WA | S CAUSED BY: SIATE CAUSE (a) | ht heminle | ain with | anhasia | SPUPP | 12 da | 115 |
| | 33 4 X | DUE TO | · | 7,00 | The state of the | , | | 1 |
| | Candidan II and I | 1. + | -onix enlama | CIC DAINA | ralispe o | Luciacon | 1 laun | |
| | Canditians, if any, wh | ate (0) | FITO SCIEVO | SIS, gene | ralistic | QUUNCER | 10yr | 21 |
| | cause (a), stating the unc | der- DUE TO | = h ti-1 h | unon ton | C1010 10 | 1 - 01 | 12 114 | c +- |
| | lying cause last. |) (c) = 0 c | oth/101/ | yperien | SIUVI, INC | a SPURFY | 1 1(a) 19. WAS A | LITOREY. |
| | PART II. OTHER SIG | NIFICANT CONDITIONS COM | NTRIBUTING TO DEATH BU | NOT RELATED TO THE TER | MINAL DISEASE CONI | DITION GIVEN IN PAK | PERFOR | RMED? |
| | 2 | | | | | | YES 🗌 | NO A |
| | 20a. ACCIDENT WAS UND | ERLYING 1 20b. DESCRI | BE HOW INJURY OCCURRE | D. (Enter nature of injury i | in Part I ar Part 11 af i | tem 1B.) | | |
| | U (IF EITHER, NOTIFY MEDIC | AL EXAMINER) | Charles Comments | | | | | |
| | 20c. TIME OF INJURY Mai | oth, Day, Year 20d. INJU | | ACE OF INJURY (Home, fo | | n) (C | aunty) | (State) |
| | Haur a.m. | 19 While | Not while at wark | ctary, street, affice bldg., | erc.) | | | |
| | | | | | Lil M | 2111/ | 7 | |
| | 21. I certify that (1) (| this haspital) attended | w 1 | | 1.10-9 | / | \mathcal{L} , that (1) (w | |
| | saw the deceased al | ive an Apr 10 | 196/ and that | death accurred at | M, from the c | auses and an the | | |
| | 22a. SIGNATURE | 100001 | | ATTENDING . | MED STA | cc. | 22b. | SIGNED |
| 1 | Alle | an linast | | M.D. PHYS. | DIRECTOR PHY | s. 🗆 | May | 161 |
| | 22c. PHYSICIAN'S NAME (Type) | + # | 01- " | 22d. ADDRESS | 01 | n Cheu | 1) CKa | 58 |
| | Traine (Type) | Jewary | Clapp | 474061 | cuyChase | Ur. | 11 | |
| | 23a. BURIAL, CREMATION, 231 | DATE THEREOF | 23c. NAME OF CEMETRY | OR CREMATORY | 23d. LOGATION (| ity, tawn, ar county) | (State | |
| | REMOVAL (Specify) | 73/11 | Fut to | - ele Em | 12/2/ | enden | (Don | 2 |
| | 24. FUNERAL DIRECTOR'S SIGN | ATURE | ADDRESS 6103 | 01 Tai Ca 140 250. PS | C'D BY REGISTRAR | 25b. REGISTRAR'S SIG | GNATURE | |
| | Chroy Cha | 28 Freneral Ho | me men | 20.00 | MAY 4 '61 | - 1/0 | Kraeva | |
| | 1 000 | | Mode | DATE | | | | |

VR A15 (4) 15M 9/59



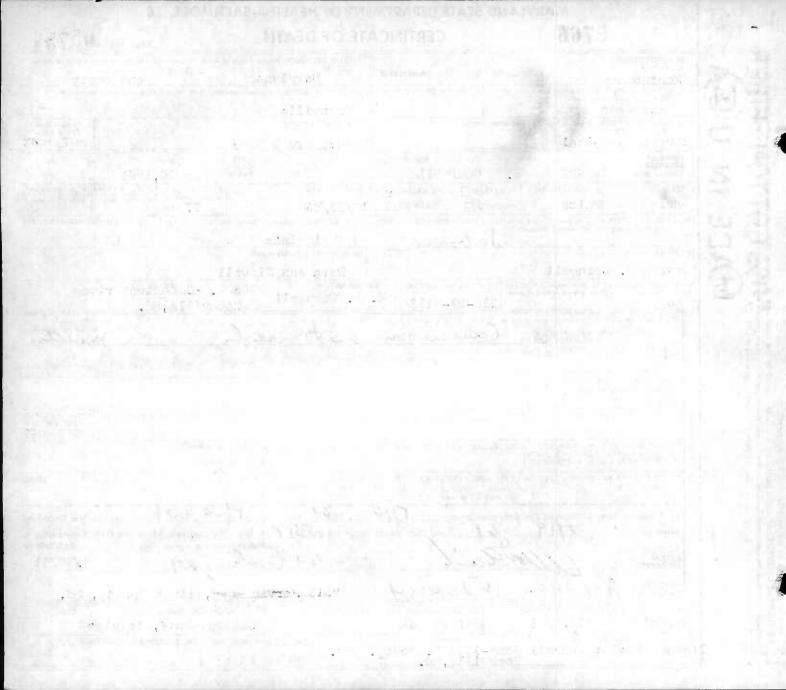
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5766 CERTIFICATE OF DEATH

| | | No | 5 | 17 | 2 | 1 |
|------|-------|----|---|----|---|---|
| Reg. | Dist. | No | V | 6 | 0 | 4 |

| 1. PLACE OF DEATH o. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDENCE (WI o. STATE Mary la | | lived. If instituti b. COUNTY | | | sion) |
|---|--|--|------------------------|--------------------------------------|----------------------------|-------------|-------------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF a | | ate limits, write R | Montgon URAL and give r | | n) |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Suburban Hospital | address) | d. STREET ADDRESS Stoney Creek | Road | | 1 | | SIDENCE FARM? |
| 3. NAME OF DECEASED (Type or print) ROBERT E. | Middle CORNVELL | Lost | 4. DATE OF DEATH | May 20 | | | Year |
| s. sex 6. COLOR OR RACE 7. MARI Male White WIDOW | | B. DATE OF BIRTH 12/23/83 | 9 | AGE (In years lost birthdoy) 77 yrs. | Months Days | | ER 24 HRS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME | kind of Business or Indu | STRY 11. BIRTHPLACE (Stole Virgini 14. MOTHER'S MAIDEN N | a | entry) | US US | OF WHAT C | OUNTRY |
| George W. Cornwell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. | Sara Ann I | | | | - | |
| (Yes, no, or unknown) (If yes, give wor or dates of service) | | . L. Cornwell | | kville, | | ve | |
| Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (C) | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | | | EN IN PART 1(0) | PERFO | AUTOPSY PRMED? NO |
| 20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 White of wor | Not while fac | ACE OF INJURY (Home, form tory, street, office bldg., etc. |) 20f. (City o | | (County | | (State |
| 21. I certify that I attended the deceas alive an TL9 196 ACTUAL SIGNATURE PHYSICIAN'S AGRAHAM WAME (Type) | | occurred at 73 P | esolu | | stote) | DAT 5/20 | abave E SIGNEI |
| 220. BURIAL, CREMATION, BERMOVAL (Specify) 5/23/61 | 22c. NAME OF CEMETERY OF | R CREMATORY | 22d. LOCATIO | ON (City, town, onersburg | or county) | (Stole | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home Rock | ADDRESS -1331 E. Montg ville Md. | . Ave. 24a. REC'I | D BY REGISTRA | AR 24b. REGIS | STRAR'S SIGNATI | JRE | 17 |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5767 CERTIFICATE OF DEATH Rea. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE filed b. COUNTY MONTGO MERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown 1LVE/S should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NORLEE 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH Cozich Mas 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED [WIDOWED A complei 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY death during most of working life, even if retired) USSIA TOO) SETWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART HI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ONE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. m. Not while While at work at work p. m. 21. I certify that I attended the deceased fram. Jan., 1950 to May 5, 1961, that I last saw the deceased _, and that death accurred at 1230 12.M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE PHYSICIAN'S NAME Type 22a. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify),

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

Days

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

ON A FARM?

YES NO

Year

19 61

OL VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

| | 217 4 7 7 7 7 7 7 7 | mineral A | 100000000000000000000000000000000000000 | |
|--|---------------------|-----------|---|-------|
| | ATE OF DEATH | | | |
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TO HOST TAL OR ATTENDING PHYSICIAN: The law requires that the death certificete be executed thin 24 hours after death. TO FUN ARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, apd in any event, within 72 hours after death

VR A15 (4) 15M 9/60

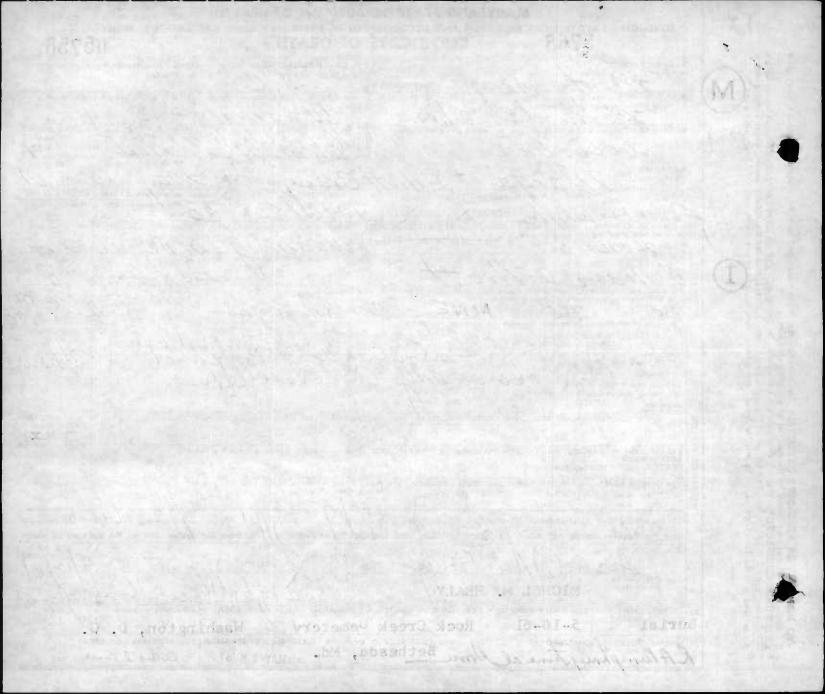
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5768

CERTIFICATE OF DEATH

U5756

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) |
|--|--|
| o. COUNTY MARYLAND | o. STATE IT C. b. COUNTY 47X-3 |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) | c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown) |
| Tefnesdal 2hrs. | Washing for |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) | d STREET ADDRESS ON A FARM? |
| Juburban | The ses will mill yes No N |
| 3. NAME OF DECEASED First Middle | Last 4. DATE Month Day Year |
| (Type or print) //2192107 | 1 (rang DEATH May 12 19 61 |
| 5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years It UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min. |
| female white widowed of Divorced | 12/0180 80 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | (RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| -none. | Washing fon J.C. W. J. A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| William Ellio71 | Les amount, |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordelesofservice) | INFORMANT Address - Or Colatata |
| no none // | 15. W. Hogers - Prethesday |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Coule Alex | way was was |
| 720 DUE TO MEJOC | andeal Infaret 24hour |
| Conditions, if eny, which | 1 the Asolidan |
| geve risa to immedieta ceuse (e), stating the underlying DUE TO | Support Support |
| ceusa fast. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| ICAT | YES NO X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA | D. (Enter nature of injury In Part I or Part II of itam 18.) |
| | ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) |
| Hour e.m. While Not While et work et work | -10 |
| 21. I certify that (I) (this hospital) attended the deceased from | 5 / 9 19 6 lo |
| saw the deceased alive on | at death occured at. J.L.M., from the gauses and on the date stated above. |
| 220. SIGNATURE | ATTENDING MED. STAFF 226. DATE |
| Anchel III Traley | M.D. PHYS. DIRECTOR PHYS. D |
| 22c. PHYSICIAN'S NAME (Type) MICLIET M LIPATY | 22d. ADDRESS |
| MICHEL M. HEALY/ | Washington Come Washington St |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BREMOVAL (Specify) 5-16-61 Rock Creek | 2 |
| Burral 5-16-61 Rock Creek | Cemetery Washington, D. C. |
| 24 EUNERAL DIRECTOR'S SIGNATURES ADDRESS Bethes | 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| KH. Tumphrey June al tome sections | ale, Md. DATEMAY 18'61 arting S. Kraus |



| | 1 | MARYLAND | CTATE | DEDARTM | ENT OF | MEALTI |
|-----|---------------|---------------|----------|-------------|---------|---------|
| | 4 | MARILAND | SIMIE | DEPARIM | EMI OF | HEALII |
| ION | OF STATISTICA | L RESEARCH AL | ND RECOR | RDS. 301 W. | PRESTON | STREET. |
| | | | | | | |

| 4 | MAKILAND SIAIE DI | EPARIMENT OF | REALIR | |
|-----------------------|-------------------------|--------------------|-------------------|-------|
| DIVISION OF STATISTIC | AL RESEARCH AND RECORDS | , 301 W. PRESTON : | STREET, BALTIMORE | |
| 5769 | CERTIFICAT | E OF DEATH | | 05757 |
| 0100 | Item 7 Film G287 | 5/18/61 iwk | | |

| 1. | PLACE OF DEATH | Ĭ. | | 2. USUAL RESIDENCE | CE (Where de | | | nce before a | admission) |
|---------------|---------------------------------|---|------------------------------|---|-------------------|---------------------------------|---------------------|--------------|------------|
| 1 | | tgomery | MARYLAND | . STATE Mary | land | b. COUN | Montgo | merv | |
| 1 | b. CITY OR TOWN (| if outside corporete limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | f outside corpo | orate limits, write | | | rn) |
| | 90 . | hesda | 45 days | 35 Kens | ington | | | | |
| - | | TAL OR INSTITUTION (if not in he | | d. STREET ADDRESS | III OUII | | | | ESIDENCE |
| | Sub | urban | Harris San San Land | 1000 | D7 | 1/277 T | | YES T | A FARM? |
| 3 | . NAME OF | First | Middle | Lest 4027 | Plyers | MILL F | Dey | Y 00 | |
| ľ | DECEASED | The second second second second | Wildele | 6031 | OF DEATH | Molli | , , , | | |
| | (Type or print) | Joseph | | Crockett | | 5 | 10 | 19 | |
| 5 | . SEX | 6. COLOR OR RACE 7. MARR | IED NEVER MARRIED 8 | DATE OF BIRTH | 9. | AGE (In yeers lest birthdey) | Months Deys | IF UNDER | Min. |
| | male | colored | ED DIVORCED | 6/8/08 | | 52 yrs. | Monnis Doys | liouis | 741111 |
| 1 | Oe. USUAL OCCUPAT | ION (Give kind of work 10b. | KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Coun | ty & Stete, or f | foreign country) | 12. CITIZEN C | OF WHAT | OUNTRY? |
| | Custod | | | New York | State | | TT C | | |
| 1 | 3. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | U.S. | | |
| | | G 1 11 | | | | | | | |
| 1 | 5. WAS DECEASED EV | Crockett ER IN U.S. ARMED FORCES? 16 | S. SOCIAL SECURITY NO. 17. I | Carolyn | | Address | | | - |
| | | fyes give we ror dates of service) | | | | 327 | S. Mapl | ewood | |
| - | No | AND MANY IF | В | ernice, A. Cro | ckett, | Wife | Chicago | THEVALE | PLACEPAL |
| | | H WAS CAUSED 8Y: | line for (e), (b) end (c).} | +/ | 1 | ^ | | NSET AND | |
| | | IMMEDIATE CAUSE (a) | ouller | & won | cho | Dues | Mous | 10 | 1d_ |
| Н | 4201 | DUE TO | | 1 1- | .0 / | | . 1 | | |
| F | Conditions, if eny | which \ (b) | oltiple | Suchala | 15+2 | un K | Idnou | 21 | MOUN. |
| | gave rise to immed | iete cause | or up a | | 1 | 1 | 10009 | | |
| | (a), steting the u | Inderlying IAA. | lack til | 1 1/ Grach | - | MA . A. | 1 1/300 | 1. 3 | 2 mall |
| ١, | | R SIGNIFICANT CONDITIONS CO | NTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | NAL DISEASE O | 11101204 | EN IN PART 1(a) | 10 WAS | LITORSY |
| 2 | PART II. OTHER | x significant conditions co | ATTRIBUTING TO BEATT BUT NO | T KEENTED TO THE TERMIN | AUP DIAFUAF (| | alt lit i Aki i (a) | | RMED? |
| A | | | | | | | | YES 🔽 | NO J |
| CEPTIEICATION | OR CONTRIBUTING | AS UNDERLYING 20b. DI | ESCRIBE HOW INJURY OCCURED | . (Enter neture of injury in I | Pert I or Pert II | of item 18.) | | | |
| | | MEDICAL EXAMINER) | | | | | | | |
| MEDICAL | 20c. TIME OF INJU | | A . | CE OF INJURY (Home, ferm ory, street, office bldg., etc. | | or town) | (County) | | (Stete) |
| CHA | Hour e.m. | Wh 19 et w | 1401 1111111 | ory, sileet, office blug., etc. | ' | | | | |
| 1 | | that (I) (this hospital) atte | nded the deserved from | | 10 to | | 10 | that (1) (| (we) last |
| L | | 0 1 | A . | | | | | | |
| | | sed alive on | 19.6. and that | dearn occured ar | /vi, irom | me causes | and on the d | | DATE |
| | 220. SIGNATURE | 4 + 11/ | 1.0- | | MED. | STAFF | | 111 | SIGNED |
| | Me | ugn d. W | we m | .D | DIRECTOR | PHYS. | | 10m | 9 61 |
| | 22c. PHYSICIAN'S NAME (Type) | | | 22d. ADDRESS | 1 -11 | / | - Cil | a Cela | 11/1 |
| | | | | 11157 | Geor | MA | re Jili | 9-7 | 145,00. |
| 2 | 30. BURIAL, CREMAT | | 239 NAME OF CEMETERY | OR CREMATORY | 23d. 10C/ | ATION (City, to | wn or county) | (S | tote) |
| Г | REMOVAL (Specify) | 5/15/61 | ush mes | noreal, | Na | udy | spru | 9.1 | ma |
| 2 | 4 HUNERAL DIRECTO | RIS SIGNATURE | ADDRESS A | , 250. REC | WPARY REGIST | MGAR 256. RE | 9,000 | PORt4 | |
| | Kelent | Lathrande | tor Kuille | . / | MAY 15 '6 | 61 | Driller S. to | each : | |
| - | Д. Тоо | - P - Vacan | - Maria Const | 7 | | | | | |

19 resultant lives and the second 3707.8 A LANGE PROPERTY OF A heroion alem and the same of the same of the same confluent branchaptioners 10d Multiple Enviole, Brain, Kilmy & Monte By going in I whenchon I through through 2 and WEATHER TO THE STATE OF THE STA 1124 George of a Tele Profile With I dred on the Bride made

HEALTH DEPT. TO DEF. C. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any day is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any evert within 72 hours after death. 11 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 5770 MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH | 05758 |
|---------------|--|-----------------------------|------------------------------------|-------------------------------|---|
| 1. | PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE | Where decessed lived, If in | stitution: Residence before admission) |
| 1) | Montgomovel | MARYLAND | a. STATE | b. COUNT | ment |
| * | b. CITY OR TOWN (if outside corporate limits, | c. LENGTH OF STAY IN 16 | CITY OF TOWN III OU | trida comorata limita vueita | RURAL and give nearest lown) |
| | write RURAL and give hearest town) | 1700 | c. citt ok towik (ii ou | iside corporete timits, write | ROKAL and give nearest lown, |
| | Bethesda | 410,17 | | es da | 0 |
| 1 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp | pitel, give street eddress) | d. STREET ADDRESS | 0 . 1/ | IS RESIDENCE ON A FARM? |
| | J'uburb an | | 10531-6 | 2 Klyn 1 | Fride, YES NO NO |
| 3. | NAME OF First | Middle | Last / 4. | DATE / Month | Dey Year |
| | (Type or print) | - / | 7. 4: | DEATH MISS | |
| 5 | 11 a Inia | | DATE OF BIOTH | 1,,,,,, | 24 1961 |
| 1 | J. COLOR OR RACE 7. MARRIED | NEVER MARRIED B. | DATE OF BIRTH | 1 11111// | F UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min. |
| 1 | Ma Le CoLeved WIDOWED | DIVORCED | UCT. 15, 18 | 90 70 yrs. | Monins Deys Hours Min. |
| | Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if patired) | ND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State or fo | oreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 1 | Laborer (ret) | | m2-1 | and | U. J. A. |
| 13 | FATHER'S NAME | 1 | 14. MOTHER'S MANDEN NAM | | 1 4.0 7. |
| V | wins: | <u>_</u> • | 1. 10. | | |
| 1 | alelian auc | re) | Liver | | |
| () | was DECEASED EVER IN U.S. ARMED FORCES? 16. S | SOCIAL SECURITY NO. 17. I | NFORMANT | Address | |
| | yes work war I | Les | 11/20 11/11 | 12 - 15 | Logel as |
| | 1B. CAUSE OF DEATH [Enter only one cause per lin | ne for (e), (b), end (c).] | 10000 | 107/10/ | I INTERVAL BETWEEN |
| 1 | PART I. DEATH WAS CAUSED BY | mary or | 0.0 | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (e) | comony or | chusin | | molden |
| | 4 Jil DUE TO | | | | |
| | Conditions, if eny, which (b) | V | | | |
| | geve rise to immediate cause (a), stating the underlying DUE TO | | | | |
| | ceuse lest. (c) | | | | |
| z | PART II. OTHER SIGNIFICANT CONDITIONS CONT | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL | DISEASE CONDITION GIVE | N IN PART 1(a) 19. WAS AUTOPSY |
| CERTIFICATION | 1 1-4 0 1 | • | | | PERFORMED? |
| 10 | visiony of gre | vivu co | zmany ol | island | YES NO |
| E | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING | BE HOW INJURY OCCURED. (E | nter neture of injury in Part I or | Pert II of item 1B.) | |
| | CAUSE OF DEATH. | | | | |
| MEDICAL | | | | Of. (City or town) | (County) (State) |
| 103 | Hour a.m. While et work | | ory, street, office bldg., etc.) | | |
| 2 | p.m. 17 | | Auto | | |
| | 21. I certify that I took charge of the rema | | | pection K, Inquiry | L/Pi/ |
| | death resulted from: Natural causes | Accident, Suici | de, Homicide, | Undetermined ma | nner |
| | 1 1 | | CHIEF MEDICAL EXAM | AINSER | |
| 4 | ACTUAL O- / 20 | machant | M.D. ASSISTANT MEDICAL | EXAMINER | DATE SIGNED |
| | STORY OF THE STORY | | DEPUTY MEDICAL EXA | MINER A | |
| | EXAMINER'S THANK J. T. | Broschart | Address (Street, city, | +, 3 | -24-61 |
| 22 | | 22c. NAME OF CEMETERY OR | | LOCATION (City, town, o | or country) (Stele) |
| | REMOVAL (Specify) | | | Awlineton We | |
| _ | | Arlington Na | tional 240. REC'D B' | Corolean Programme | |
| 12 | 3. FUNERAL DIRECTOR | ADDRESS | A MAY | REGISTRAR 246. REGIS | TKAK'S SIGNATURE |
| | Notice L. Worker | - NECKUL | C MA DATE | 29'61 a | thur S. France |

Life In Millians All I I to the butel 5/31/61 religion Destonal,

| | ARYLAND STATE DE | | | |
|---|-------------------------------------|--|-------------------------------------|---|
| DIVISION OF STATISTICAL 5771 | CERTIFICAT | | | U5759 |
| LACE OF DEATH | | 2. USUAL RESIDE | NCE (Where deceased lived, If in | nstitution: Residence before edmission) |
| | MARYLAND | a. STATE | ryland b. COUNT | Montgomery |
| Montgomery CITY OR TOWN (if outside corporate limits, | c. LENGTH OF STAY IN 16 | | (If outside corporate limits, write | 0 |
| write RURAL and give neerest town) | | | | |
| Chevy Chase NAME OF HOSPITAL OR INSTITUTION (if n | at in haspital give street address) | d. STREET ADDRES | Chevy Chase | e. IS RESIDENCE |
| | or in nospitor, give sired educessy | a. STREET ADDRES | | ON A FARM? |
| 5300 Sherrill | Avenue | 5300 | | enue YES NO X |
| DECEASED | Middle | Last | 4. DATE Month | Dey Yeer |
| Type or print) BESSIE | ANN | CUSICK | DEATH May | 4 19 61 |
| 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED 8 | . DATE OF BIRTH | 9. AGE (In years last birthdey) | |
| male White | VIDOWED DIVORCED | Oct. 22, | 1881 79 yrs. | Months 12 Hours Min. |
| USUAL OCCUPATION (Give kind of work e during most of working life, even if retired) | 106. KIND OF BUSINESS OR INDUSTR | | unty & Stete, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Housewife | | Washi | ngton, D. C | USA |
| FATHER'S NAME | | 14. MOTHER'S MAIDE | | |
| ML -mas D Dess | | Tdo | Unad | |
| Thomas D. Ross WAS DECEASED EVER IN U.S. ARMED FORCE | S? 16. SOCIAL SECURITY NO. 17. I | Ida | Address | |
| , no, or unkown) (If yes give we ror detes of serv | ice) | | | 2000 24 |
| NO | | ine G. Dow | dall-daughter | |
| 1B. CAUSE OF DEATH [Enter only one ce PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) | Metastatic | Carcus | rica | INTERVAL BETWEEN ONSET AND DEATH |
| 15/X DUE TO | | | | |
| Conditions, if any, which \ (b) | Grimany Ca | do were | Stoward | i wa |
| geve rise to immediate cause | D | and of | | 120: |
| (e), stelling the underlying ceusa lest. | | | | |
| PART II. OTHER SIGNIFICANT CONDITIO | NS CONTRIBUTING TO DEATH BUT NO | T DEL ATEN TO THE TERM | INAL DISEASE CONDITION CIVE | N IN PART 1(e) 19. WAS AUTOPSY |
| | votic Cardio vo | | | PERFORMED? |
| 20a. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) | 0b. DESCRIBE HOW INJURY OCCURED. | . (Enter neture of injury in | n Pert I or Pert II of item 18.) | |
| 20c. TIME OF INJURY Month, Dey, Year Hour a.m. | | CE OF INJURY (Home, fee ory, street, office bldg., et | | (County) (State) |
| 21. I certify that (I) (this hospital) | attended the deceased from | day is | 1960 to Mari il | 10 6 that ((wa) but |
| saw the deceased alive on | | | | |
| 228. SIGNATURE TOUR | и м. | ATTENDING | MED. STAFF DIRECTOR PHYS. | 5-4-61 DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | C - 54 11 . | |

death. TO FUNCTAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wi TO HOSP VR A15 (4) 15M 9/60

inding physician and completely filled in by the funeral in please remove carbon papers. Pages 1 and 2 should and in any event, within 72 hours after death

3.

5.

Fe 10e. don

13.

CERTIFICATION

MEDICAL

in 24 hours after

OR AITENDING PHYSICIAN: The law requires that the death certificate be execute: may be retained by the hospital or attending physician.

24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 5/8/61

Bethesda, Maryland

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) Arlington Nat. Cem Arlington, Virginia 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(State)

Winter S. Thous DATE MAY 5 '61

Vaccount

Familie Midde

Thomas D. Rose

Howardee

Chevy Chase

5300 Sherm H. Avenue

100t. 22, 1841 700 1861

Add S . T . norming S

02761

vione and a Senivant

GBBND ZWBDD

SERVICE LANGUAGE

June C. : Dowlail - camplurer - same 2d

Control of the second second second

My James Will Stranger St. St. St. S. S. Will Sugar St. A. S. S.

Robert A. Pramphroy Seriesda, Maryland Lines on William Lines

ofter death. Page 4

within 72 hours after death.

TO HOSPITY. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to after death. Page 4 may be used by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

5772 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05760

| 1. 1 | LACE OF DEATH | | | | 2. L | STATE (W | here deceased | | on: Residence | e before | a admissi | ion) |
|-----------------------|--|---|--------------|----------------------------|----------|---------------------------|----------------|------------------------------------|---------------|----------|-----------|-----------------|
| | Montgomery | • | 0.81 | MARYLAND | | Virginia | | b. COUNTY | | | | |
| - | CITY OR TOWN (If RURAL ond give need | outside corporate limi | ts, write | c. LENGTH OF STAY IN 16 | 0 | . CITY OR TOWN (IF | outside corpor | ote limits, write R | URAL ond gi | ve near | test town |) |
| | Belthesda | | | 24 days | | Alexandria | ı | | 83 | | 73 | |
| | d. NAME OF HOSPITA | L (If nat in haspital, g | jive street | address) | | d. STREET ADDRESS | | | | e | . IS RES | IDENCE FARM? |
| T | | 1 Center. | Beth | esda 14. Md. | | 10 Chinqua | pin Dr | ive | | | | NO D |
| 3. 1 | NAME OF DECEASED | Fir | st | Middle | | Last | 4. DATE | Mon | th | Day | , | Yeor |
| (| Type or print) | Beul | lah | May | | Davies | OF DEATH | May | | 11 | | 19 61 |
| S. S | EX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED | 8. DA | TE OF BIRTH | | 9. AGE (In years lost birthdoy) | IF UNDER 1 | | 7 | |
| | Female | White | WIDOWE | DIVORCED | Se | ptember 19 | . 1900 | 60 yrs. | Manths | Days | Hours | Min. |
| 10a | . USUAL OCCUPATIO | N (Give kind of working life, even if retired | dane 10b. | KIND OF BUSINESS OR IND | USTRY | 11. 8IRTHPLACE (State | ar foreign co | untry) | 12. CITIZ | ENOF | WHATC | OUNTRY? |
| | Housewife | ng me, even ir temed | | None | | Virgi | nia | | I | J.S. | A. | |
| 13. | FATHER'S NAME | | | | 14. | MOTHER'S MAIDEN | NAME | | | | | |
| | John W. Ho | lsinger | | | | Minnie Ma | son | | | | | |
| 15. | WAS DECEASED EVER | IN U. S. ARMED FOR | | SOCIAL SECURITY NO. 17. | INFORM | MANT The Med | | ecord Addr | ess | | | |
| (101 | No (I | f yes, give war or dates of s | | ascertainable | | | | | da Ili. | Ma | rvla | and |
| | 18. CAUSE OF DEAT | TH [Enter anly one co | | ne for (o), (b), and (c).] | | | | | | INTER | RVAL BE | TWEEN |
| | PART I. DEAT | H WAS CAUSED BY: | Acut | te Myocardial | Inf | arction | | | | ONSE | POH | DEATH |
| - | 74 | IMMEDIATE CAUSE (o | | | - | | | | | | | |
| | Conditions, if on | The state of | Harr | pertensive CVI | 0 | | | | | 5 | Iea | rs |
| | gove rise to im | mediote | - | | | | | | | | | |
| | couse (a), stoting t lying couse lost. | he under- | 17 | yasthenia ^G rav | 713 | | | | | | | |
| z | | FR SIGNIFICANT CON | DITIONS C | CONTRIBUTING TO DEATH 8L | IT NOT | PELATED TO THE TERM | INAL DISEASE | CONDITION GIV | FN IN PART | 1(0) 19 | WAS | AUTOPSY |
| ICATIO | | EK STOTHT COT | | ONTINO TO BEATT OF | | NEOTED TO THE TERM | | 201011011011 | ENTRA | 1(0) | PERFO | RMED? |
| MEDICAL CERTIFICATION | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | CAUSE OF DEATH | 20b. DESC | CRISE HOW INJURY OCCURS | RED. (En | ter noture of injury in | Port 1 or Port | II of item 18.) | | | | |
| CAL | 20c. TIME OF INJURY | Manth, Day, Ye | or 20d. It | | | F INJURY (Hame, form | | or town) | (C | ounty) | | (State) |
| AEDI | Hour o. m. | 19 | While at wor | IAOI MIIIIE | octory, | street, office bldg., etc | c.) | | | | | |
| ~ | | (1) (4) 1 1 14 1 | | 4 - | Ar | mil 17 10 | 61 ta | Marr 77 | 106 | 1 | | |
| | saw the decease | (I) (Inis naspiral | y 11 | led the deceased fram | 3 .1 | | | | | | | we) last |
| | 226. SIGNATURE | ed alive an | -1 | | death | accurred diliz | TWI Itram | the causes an | d an the | date | stated | b.DATE |
| | Dan | id 0.7 | SCA | Chron | M.D. | ATTENDING MPHYS. D | NED. | STAFF PHYS. | 5-12- | 61 | 226 | SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) | David A. | Drack | nman | | 22d. ADDRESS The | Clini | cal Cent | er, | Nat | iona | al |
| | | 8,12 | 100 | | | Institute | s of H | ealth, B | ethes | dal | 4,1 | Md |
| 230 | BURIAL, CREMATION | N, 23b. DATE THEREC | OF . | 23c. NAME OF CEMETERY | OR CRE | MATORY | 23d. LOCAT | ION (City, town, o | or county) | | (State | e) |
| | REMOVAL (Specify) Burial | May 15,19 | 61 | Mount Comfor | ct | | Fair | rfax Co. | Vi | rgi | nia | |
| 24. | FUNERAL DIRECTOR'S | SIGNATURE | Here I | ADDRESS P. O. F | 3ox | 65 25o. REC | D BY REGISTE | RAR 2Sb, REGIS | STRAR'S SIG | NATUR | E | |
| 0 | U. Beurly | mounta | | Alexandri | | | AY 15 '6 | 1 0 | 12 - 9 | H | | |

and the confidence of the control of national - Latingood areas have a reason OFF STROUGHTSO LL oively almodanely u

Barrial to In. 1 of Same Comfort . Wirefus Co. Virginius

The state of the s

TO HOSP ALL OR ATTENDING PHYSICIAN: The law requires that the death cerminate to secure the funeral death. 4 may be retained by the hospital or altending physician. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5773 CERTIFICATE OF DEATH

| | 0110 | | | | | |
|---|--|--------------------------------|--|---------------------------------|---------------------|-----------------------|
| 1. PLACE OF DEAT | Н | | The second secon | NCE (Where deceased five | | sidence before admiss |
| Montgome | ry | MARYLAND | District | of Columbia | COUNTY | |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | | | | (If outside corporate limits, | wrife RURAL and | give naarast town) |
| Bethesda | d giva nearast town) | 36 days | | | | 1174. |
| | PITAL OR INSTITUTION (if not in | | d. STREET ADDRES | | | . IS RESIDEN |
| | | nospilat, giva sitaat address) | | | | ON A FAR |
| | val Hospital | | 3313 16th | h Street, N. | W. | YES NO |
| NAME OF DECEASED | First | Middla | Last | 4. DATE | Month | Day Yaar |
| (Typa or print) | Thomas | Louis | DEGNAN | DEATH ME | LV | 16 19 61 |
| EX | 6. COLOR OR RACE 7. MAR | RRIED TO NEVER MARRIED 18. | DATE OF BIRTH | 9. AGE (In) | aars IF UNDER 1 Y | EAR IF UNDER 24 HE |
| ale | | WED DIVORCED | 6-5-94 | last birthe | day) Months D | ays Hours Min |
| | | . KIND OF BUSINESS OR INDUSTRY | - / / . | | | EN OF WHAT COUNT |
| a during most of w | rorking life, even if retired) | | 7 7 7 7 | | | |
| Admin. Cl | erk h | Maritime Comm. | | sylvania | | USA |
| FATHER'S NAME | | | 14. MOTHER'S MAIDE | NAME | | |
| Thomas De | | | Mary O'Br: | ien | | |
| WAS DECEASED E | VER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. II | NFORMANT | | ldrass | |
| | (Ifyasgiva war or datas of sarvice) | | | n, 3513 S St. | MLI Lioch | TY |
| | DEATH [Entar only one causa p | ar line for (a) (b) and (a) 1 | deo. DeBuci | 1, 1/11 0 00. | Jun Juonn | I INTERVAL BETWEEN |
| | and the same of th | / | | . 0 / | / | ONSET AND DEATH |
| PARI I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (a) | reinoma tor | 10110 1011 | 15 metasa | maic | 21/- 1.00 |
| 1 11 | A CAUSE (a) | Cirionia 101 | 1900 001 | 17 //CICILY | ujes | 212913 |
| | DUE TO | | | | | |
| Conditions, if an | y, which (b) | | | | | |
| gave risa to immed | DUE SO | | | | | |
| (a), stating tha | underlying | | | | | |
| |) (c) | CALIFORNIA CO DE ATILIDADE | | | | |
| PART II. OTHE | ER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | AINAL DISEASE CONDITION | GIVEN IN PART | I(a) 19. WAS AUTOP |
| | | | | | | YES X NO |
| | VAS UNDERLYING 20b. | DESCRIBE HOW INJURY OCCURED. | (Entar natura of injury i | n Part I or Part II of itam 18. | } | L CES L |
| OR CONTRIBUTING | G CAUSE OF DEATH Y MEDICAL EXAMINER | | | | | |
| | | | | | | |
| 20c. TIME OF INJ | | | CE OF INJURY (Homa, fa rry, straet, offica bldg., a | rm, 2Df. (City or town) | (Coun | ty) (State) |
| Hour e.m. | | hila Not While facto | , maoi, villea blug., a | | | |
| | 17 | | Annel 1 10 | 10 61 . Mare | 166 | 3 |
| | | ended the deceased from | | | | |
| saw the decea | sed alive on May 1 | 19.61, and that | death occured al. | M, from the cau | ses and on th | e date stated abo |
| 22a. SIGNATURE | | / | ATTENDING | 11ED 571E | | 22b. DAT |
| 1 | 7 And | es M. | ATTENDING PHYS. | MED. STAFF DIRECTOR PHYS. | x | 5-16-61 SIGI |
| 22c. PHYSICIAN'S | 5 | m. | 22d. ADDRESS | | MASS. | A TO OT |
| NAME (Type | 1 | LT, MC, USN | | aval Hospital | Bethes | da. Md. |
| BUDIAL CREWAS | TION, 236. DATE THEREOF | 123c. NAME OF CEMETERY C | | 23d. LOCATION (Cit | | |
| REMOVAL Spacify | | | | | | |
| Burial | 2-12-01 | Arlington Na | ational | Arlington | | Virginia |
| FUNERAL DIRECTO | R'S SIGNATURE 2/ A | M. Anappess O Was | shDC 25a. R | EC'D BY REGISTRAR 256 | REGISTRAR'S S | GNATURE |
| lettol Puna | rel Home 222h | 100 | The same | MAY 1 8 61 | Chilling & | . / 00000- |
| DEAOT LITTLE | TAL HOME, EEE4 | Wisconsin Ave., 1 | DATE | | | |

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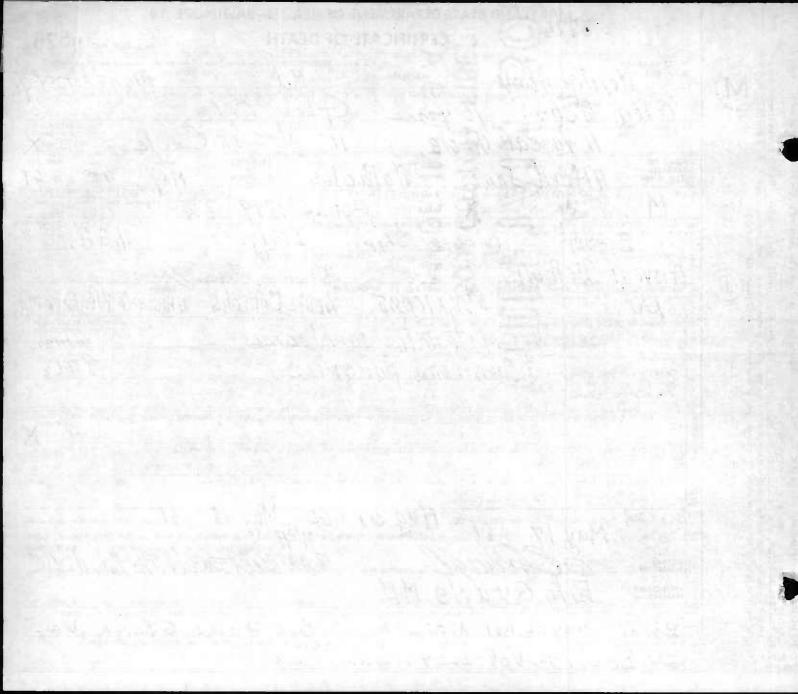
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

| 0 6 6 4 | CERTIFICATE OF DEATH | Reg. Dist. No. U5762 |
|--|--|--|
| D. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest Ablen) d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION) ASSAN | County C | |
| 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED WIDOWED | S JB AO IS OF DEATH NEVER MARRIED B. DATE OF BIRTH | 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND during most af working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCI/(Yes, no, or unknown) (If yes, give war or dates of service) | ber Shop Italy 14. MOTHER'S MAIDEN NAME Laura | Sonbino 1. Address and Floria |
| 1B. CAUSE OF DEATH [Enter anly ane cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under-lying cause lost. (c) | testatic garginoma | INTERVAL BETWEEN |
| 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Mour g. m. | HOW INJURY OCCURRED. (Enter noture of injury in Port t or Port OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (Cit. | PERFORMED? YES NO |
| p. m. 21. I certify that I attended the deceased fralive an | ram Hug 3/, 19 60 to Muy , and that death occurred at 2 15 H M, From | the causes and on the date stated abave. OATE SIGNED WHITE HALL MARKET STATES WHITE |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22L. REMOVAL (Specify) May 22, 1961 23. FUNERAL DIRECTOR'S SIGNATURE 24. FOR A SERVICE CONTRACTOR STATES AND A SER | National Memorial Park 70 Address Wash. DC 240. REC'D BY REGIS 224 - Wis and Date MAY 23 | TION (City, town, or county) (State) LLS Church, Va. TRAR 24b. REGISTRAR'S SIGNATURE Carling & Known |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12 inch, Long Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) should HINGTON d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? OR INSTITUTION 12 YES NO NO pup NAME OF First 4. DATE Middle last Manth Day Year filled DECEASED OF (Type ar print) 19 (25 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours BMALE WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) puo carbon ofter 13. FATHER'S NAME physician LDRED 12 GINI hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2 OTHER SAMERISASOUD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO P Canditians, if any, which ony (b) signed gave rise to immediate DUE TO cause (a), stating the underlying couse last. buriol-tronsit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 OS MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) Haur a. m. While Not while at wark of wark 123 and that death accurred at 3 50 A.M. fram the causes and an the date stated above. alive on PRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) FUNE 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (State) REMOVAL (Specify) RYLAN 01 GEORGETOW 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR arles DATE JUN 1 2 '61

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DEPARTMENT OF HEALTH—BUTTMORE, 13

MARYLAND STATE DEPARTMENT OF HEALTH

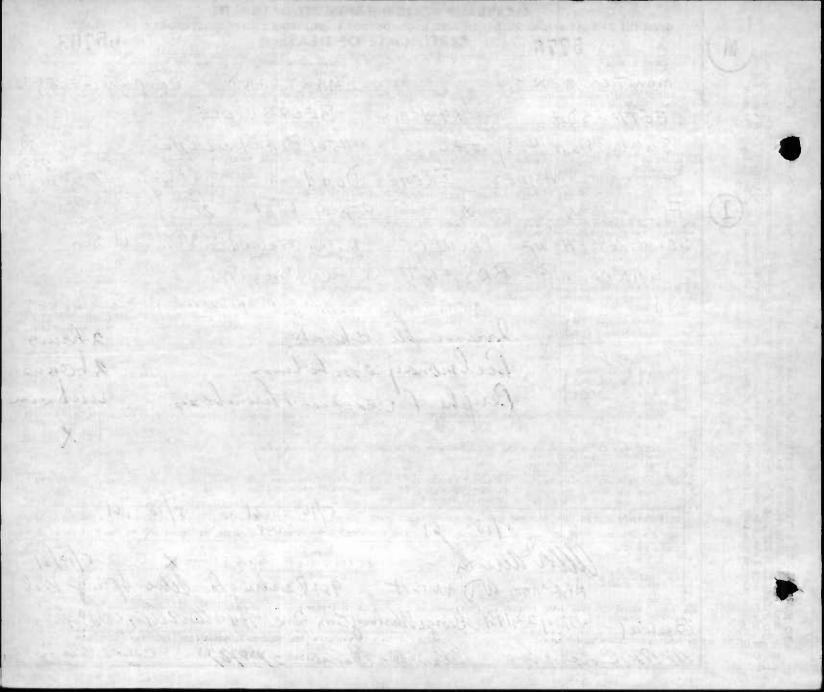
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5776

CERTIFICATE OF DEATH

5763

| 1 | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) |
|---|---|---|
| 1 | MONTGOMERY MARYLAND | MARY LAND PRINCE GEORGES |
| | b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) |
| 7 | write RURAL and give neerest town) BFTHESDA 14 days | BELTS VILLE |
| - | BETHESDA 14 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| 4 | Suburban HospitAL | 4501 BRANdON La ME YES NO |
| 1 | 3. NAME OF DECEASED A First Middle | Last 4. DATE Month Dey Yeer 0 40 |
| | (Type or print) AGNES LRENE | Dodd DEATH MAY 18 196, TPM |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | WIDOWED DIVORCED F | Eb. 9 1881 80 yrs. Millis 80 yrs. |
| 1 | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | Y 11. BIRTH CACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | SEAMSTRESS-HSWF. PRIVATE | No. Thumberland Co. Va. U.S.A |
| 1 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | UNKNOWN: - BRYANT | UNKNOWN |
| 1 | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyes give wer or dates of service) | NFORMANT Address |
| 1 | | CLIAM H. Kichards (son) as about |
| 4 | f8. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) | INTERVAL BETWEEN ONSET AND DEATH |
| 1 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arreneesable | shock 2-hours |
| | 146 × DUE TO P | 100 |
| | Conditions, if ony, which \ (b) which \ Conditionary & | Embolian Thoms |
| | geve rise to immediate cause (e), stating the underlying DUE TO | . 0 0 |
| | couse lost. (c) Derpheral 1 le | mous Thomboas undrown |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | YES NO 1 |
| - | 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | . (Enter neture of injury In Pert II or Pert II of item 18.) |
| | | CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) |
| | Hour a.m. While Not While fact | ory, street, office bldg., atc.) |
| Ц | | C/16 -/1 5/18 -61 |
| 1 | 21. I certify that (I) (this hospital) attended the deceased from. | |
| 1 | saw the deceased alive officers and that | death occured at 1.55 P.M., from the causes and on the date stated above. |
| 1 | 22e. SIGNATURE | ATTENDING MED. STAFF |
| 1 | 22c. PHYSICIAN'S M | D. PHYS. DIRECTOR PHYS. |
| | NAME (Type) ABRAHAM WD ANISH | 927 Pershing A. Selver Spring Ked |
| | DEMOVAL (Secritical Association and Letter) | OR CREMATORY IN 23d AOCATION (City, town or county) In (Stote) |
| 1 | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE |
| | MM Chamber. Clar On. | Revisio DATE 5 MAY 22 161 Cithur S. Krous |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE the d MARYLAND death pue b. CITY OR TOWN/lif outside corporate limits, CITY OR TOWN (If oulside corporate limits, write RURAL and give merest lown) c. LENGTH OF STAY IN 16 þ filled in I 72 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give 3. NAME OF completely papers. DATE DECEASED OF (Type or print) DEATH carbon 5. SEX AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF 7. MARRIED and (ast birthdey) Months WIDOWED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME please attending WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyesgivewaropdetes of service) removal the attending physician.

as been signed by the burial-transit permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO if eny, which (b) geve rise lo Immediete ceusa DUF TO (e), steting the underlying cause lest. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. as of rune 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH Pol the After this (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) While Not Whila et work et work p.m TO FUNERAL DIRECTOR. .f....., 19 6 k, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on..... 22a. SIGNATURE ATTENDING: MED STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23d. LOCATION (City, town 23a. BURIAL, CREMATION, I NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dura

ADDRESS

e. IS RESIDENCE ON A FARM? YES NO Y

Yeer

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH,

> WAS AUTOPSY PERFORMED?

> > NO

(State)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Deys

(County)

25b. REGISTRAR'S SIGNATURE

arthur S. Thous

25a. REC'D BY REGISTRAR

W DATE MAY 3

VR A15 (4) 15M 9/60

FUNERAL DIRECTOR'S SIGNATURE

WHITE IT Same and of the contract arteneralists Leaf desire 1/3 1/3 8/5 1/5 EINE MART - TR Level Grant Shire many and Section of the Contract of the second The set the the day of the State of the sense of the sense of the

TO HOSP PAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after a death. Fig. 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral indirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be be filled in prior to burial, cremation, or removal, and in any eyem, within 72 hours after death. hin 24 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05765

| | | o. COUNTX / | a. STATE 1 b. COUNTY | Ince Delore admission, |
|---|---------------|---|---|------------------------------------|
| 1 | | Montgomery MARYLAND | a. STATE | Lagrievis |
| | | b. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and | |
| 1 | -1 | write RURAL end give nearest town) | Takoma fark Md. | 16347 |
| | -1 | d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE |
| d | 11 | Dashi da San Hest | 7814 Lackney Ave | YES NO X |
| 7 | 3. | NAME OF First Middle | Lasi 4. DATE Month | Day Yeer |
| | | DECEASED (Type or print) | DEATH 5 | 1 10/1 |
| | | Nouis Illichael | OXOPSCI - | (FAR IF UNDER 24 HRS. |
| | Э. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | 1 1 1 1 1 1 | eys Hours Min. |
| | 1 | Plate WILL TE WIDOWED DIVORCED | 8-8-19 81 yrs. | |
| | 10a | USUAL OCCUPATION (Give kind of work during most of working lile, even il retired) | Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZ | EN OF WHAT COUNTRY? |
| | 1 | Saker (Retired) - Bakery | B, C, U | Sa. |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | | Michael Storsch | (Latherine (unknown) | |
| | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | | |
| | (10 | s, co/or unkown) ((Ifyesgive werordetes of service) 578 - 09-6745 | Hospital Records | |
| | = | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN |
| | | PART I. DEATH WAS CAUSED BY: | Edma- | ONSET AND DEATH |
| | | IMMEDIATE CAUSE (0) Ucule Fulmona | ry coma | - S par |
| | | 420 DUE TO MILLO DOLL | J. 11/22 | 13 4 |
| | | geve rise to immediate cause (b) /// Can clar | In Sufficiency | " ples! |
| | | (e), stelling the underlying DUE TO | On 1 d Ofa City | 7 |
| Ш | | couse lest. (c) U'A Cornary | accursing the Toursprioscien | 3515 |
| | NO | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? |
| | PATI | Supra- Puber Porsta | Tectomy 5-3-61 | YES NO |
| - | CERTIFICATION | 200. ACCIDENT WAS UNDERLYING THE 200. DESCRIBE HOW INJURY OCCURED | . (Enter neture of injury in Pert I or Part II of item 18.) | |
| | CER | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| | CAL | 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, larm, 20f. (City or town) (Coun | ty) (Stete) |
| d | MEDICAL | at world live work | ory, street, office bldg., etc.) | |
| | 2 | y.m. 17 C | a sorifico ba 10 may 4 196 | that (I) (|
| | | | | |
| | | | death occured at | 22b. DATE |
| | | 22a. SIGNATURE | ATTENDING MED. STAFF | SIGNED |
| | | 10000 | D. PHYS. DIRECTOR PHYS. | 5-4-4 |
| | | 22c. PHYSICIAN'S NAME (Type) | 16757-1614 SA. 14.W | WASHIN |
| | | THIN MININE | PIP 100 | 14100 |
| | | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | | |
| 1 | I | Burial May 8,1961 Fort Lincoln | | |
| 1 | 24 | FUNERAL DIRECTOR'S SIGNATURE Inc. Silver Spring Md. | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S | IGNATURE |
| 4 | - | Resmond a ziska | DATE MAY 9 '61 Clather & | Thous |
| | - | -0 | | |

72-09-5745 4 77-11-11 sorted to make in 1981 - You thingon demanding themes coorte country Ma. The same of the sa

y is necessary, director. Page or your files. m State the the 2 with age 5 ma and 2 v 72 hours PM3. Pa pages 1 File with for Office along v Office S CO should be u Medical E EXAMINER: writing to Chief A e 3 buri ge 0 the certificate, 0 PT 0 MEDICAL forwarded to agent, ecute the should be for FUNERAL 9989 N D 6 £40

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY e. STATE MARYLAND c. LENGTH OF STAY IN 16 c. CITY OBJ 0 d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) NAME OF Middle DECEASED OF (Type or print) 5. SEX COLOR OR RACE 7. MARRIED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done duging most of working life, even if retired) msewise 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Clark Richmond, Va. | Margare 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Margaret Unknown (Yes, no, or unkown) | (Ifyes give weror deles of service) No 18. CAUSE OF DEATH [Enter onfy one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise to Immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert f or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Suicide Accident Homicide CHIEF MEDICAL EXAMINER

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) (If outside corporate limits, write RURAL and give needest town) e. FS RESIDENCE ON A FARM? YES NO NO DEATH mar 1961 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey Months Doys Hours yrs. 12. CITIZEN OF WHAT COUNTRY? Unknown Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO Z 20f. (City or town) (County) (Stele) Inspection 🔀 Inquiry X and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Siela) Burial-Transit May 26, 1961 West Laurel Hills Cemetery Montgomery County Philadelphia
ADDRESS | 240. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE

Orthur & House

DATE MAY 26 '61

VS. A15ME 5M 9/60

ACTUAL

SIGNATURE _

NAME (Type)

REMOVAL (Specify)

Harmond a

220. BURIAL CREMATION. 226. DATE THEREOF

Warner E. Pumphrey, Inc. 8434 Georgia Avenue

Silver

helst-quenett Mar 26, 1461 1622 2841 | Litte Cometics cost ofers fetter, illisostation The second of the second and the second and the second and the second of the second of

CERTIFIC,

after death. Page 4

that the death certificate be executed within 24

OR ATTENDING PHYSICIAN: The law requires

TO HOSP

VR A15 (4)

15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS

5780

h CITY OF TOWN I'll outside corporate

1. PLACE OF DEATH

| ~ | | | | | - | Drie! |
|----|-------|----|----|----|----|-------|
| CE | RTIFI | CA | TE | OF | DE | ATH |

| 1 | IE OF DEATH | Markey | | 1576 | 7 |
|---|-------------------------|------------------------|-------------------------|--------------------|------------------------|
| | 2. USUAL RESIDENCE (Whe | re deceased live | b. COUNTY | ce before oc | lmission) |
| | c. CITY OR TOWN (IF or | tside corporole | limits, write RURAL and | give negrest Rd | town) |
| | d. STREET ADDRESS | John | | | RESIDENCE N A FARM? |
| | Dove | 4. DATE OF DEATH | Month | Doy 1 3 | Year 196/ |

| | RURAL ond give neo | | ~ | 30 year | | 6806 | ourside corpo | 7 La | les | R | d | ' |
|----------------|---|--|----------------------------|--------------------------|-----------|--------------------------|------------------------|-------------------------------------|-----------|-----------|--------------------------|--------------|
| C | NAME OF HOSPITA | | ral, give street o | oddress) | | d. STREET ADDRESS | John | n | | | e. IS RES ON A YES | FARM? |
| | NAME OF DECEASED Type or print) | | First | Middle | en | Dove | 4. DATE OF DEATH | Mon | | Do: | | Year 196/ |
| 5. S | F | 6. COLOR OR RA | WIDOWE | D DIVORCE | | July 20,1 | 894 | 9. AGE (In years log by hodoy) yrs. | # UNDER | Doys Doys | Hours | Min. |
| 100. | during most of working | N (Give kind of wing life, even if re | rork done 10b. I tired) | KIND OF BUSINESS O | r indust | BY 11. BIRTHPLACE (Stote | | ountry) | 12. CIT | U.S | WHATC | OUNTRY |
| 13. 1 | FATHER'S NAME Flaye | d T | och | 201 | | 14. MOTHER'S MAIDEN | NAME 16 | nou | | | | |
| 15. \ (Yes, | WAS DECEASED EVER | IN U. S. ARMED f yes, give war or date | ORCES? 16. S | SOCIAL SECURITY NO | . 17. INF | ormant serva & | nouvol | n 20 or | ess | | | |
| | PART I. DEAT | TH [Enter only or H WAS CAUSED IMMEDIATE CAU | BY: | e for (0), (b), and (c). | reli | I Space | * | | | | RVAL BE | |
| | Conditions, if on | y, which } | E TO (b) | Coron | os | arteus | clown | | | 3 | 5 20 | 204 |
| | gove rise to im couse (o), stating th lying couse lost. | DII | E TO (c) | arles | cos | clent H | eat | Desen | | 5 | · ye | my! |
| NO NO | PART II. OTHE | ER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO DEA | ATH BUT N | NOT RELATED TO THE TERM | AINAL DISEAS | E CONDITION GIV | EN IN PAR | T 1(o) 1 | 9. WAS | AUTOPS' |

| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | myscordil Hart | ONSET AND DEATH |
|------|--|--|---|
| | Conditions, if ony, which gove rise to immediate couse (a), stating the under. | Coronas artenoschem! artenoschemt Heat Desin | 5 years' |
| MOIT | PART II. OTHER SIGNIFICANT CONDITION | INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN | PART 1(0) 19. WAS AUTOPS' PERFORMED? |

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

| MEDICA | 20c. TIME OF INJURY Mo Hour o.m. p.m. | onth, Doy, Year 20d. INJURY OCCURRED While Not while of work Ot work | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) | (County) (State |
|--------|---|--|--|-----------------------------|
| | 21. I certify that (1) (| (this hospital) attended the decease | ed from Apt 1601, to May | 13, 1961, that (I) (we) las |

saw the deceased alive an handle _1961., and that death accurred at 3.0 M, from the causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING _

| 22c. PHYSICIAN'S NAME (Type) William H KILLAY 8218 WISCOUSIN AUE BETHES A | 1 | W seen | part - | post j | M.D. PH | Y5. | DIRECTOR [_] | PHYS. | | | |
|---|---|--------------------|--------|--------|---------|-----|--------------|-------|-----|-------|------|
| | | NAME (Type) 11/ (1 | an H | KillAY | | CIL | Wiscon | 5110 | AUE | BATHL | 55 / |

23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 5/17/61 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)

Moses Cemetery_ Cabin John, Mi. ADDRESS 25b, REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTO Sunden Rockville, Mi. 250. REC'D BY REGISTRAR MAY 1 9 '61 DATE

arthur S. Kraus

te)

Marie Line Commence bealwell -. Bu , village Laborate V

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

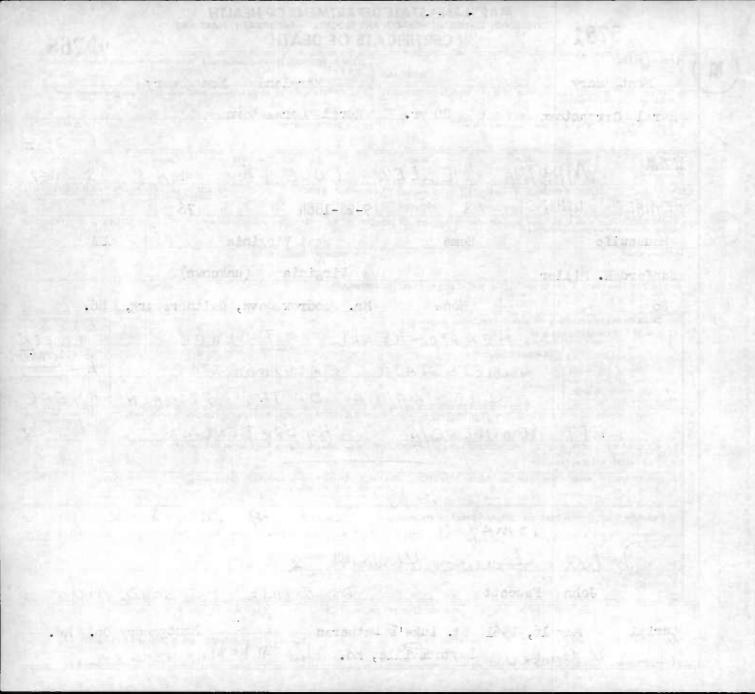
1.5760

| | | 77.213 |
|---------|---|---|
| 7 | PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY |
| L | Montgomery Maryland | Maryland Montgomery |
| | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) |
| | Rural Germantown 20 vr. | Rural Germantown |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE |
| C | OR INSTITUTION | ON A FARM? YES \(\sum \) NO \(\overline{\overline\overline{\overline{\overline{\overline{\overline{\overline{\over |
| 3 | NAME OF First Middle | |
| 3. | OECEASED (Type or print) NARTHA ELLEN | V DOUE DEATH MAY 13 1961 |
| S. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH 9. AGE (In years IF/UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. 76 yrs. |
| 10 | Da. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND | 7 20 2004 |
| | during most of working life, even if retired) | |
| 3. | Housewife Home | West Virginia USA |
| 14 | | |
| | Sanford R. Miller | Virginia (unknown) |
| | S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address |
| | No None | Mr. Woodrow Dove, Gaithersburg, Md. |
| Г | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: HERATO -RE | NOT FAIL LOS |
| | IMMEDIATE CAUSE (o) TERRITO - NE | 711 La 1771 La 18 La 1771 |
| | 10/1 | D C 1 |
| | Canditions, if any, which gove rise to immediate (b) | CHRCINDINH |
| | cause (a), stating the under- | MA INF THE CTONDON I WEAR |
| - |) (c) | WH OF THE STOMACH TYEAR |
| CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| N.J. | LEFT HEMIPLEGIA | HYPERTENSION YES NO BY |
| CEDTIE | 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH | RED. (Enter nature of injury in Part I ar Port II of item 18.) |
| | | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F | PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) |
| CE | Haur a. m. p. m. 19 While Not while at wark at wark | factory, street, affice bldg., etc.) |
| 3 | | S - 10 May 12 11 |
| | 21. I certify that (I) (this haspital) attended the deceased fram | |
| | | death accurred at LODM, from the causes and an the date stated above. |
| | 220. SIGNATORE | 22b. DATE SIGNED |
| | John c + awarden | MED. STAFF PHYS. STAFF |
| | 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS |
| | John Fawcett | PHOSONULLE PO ROUD, MC. |
| 2: | 3G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) | |
| | Burial May 16, 1961 St. Luke's | Intheran 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE |
| 2. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE |
| | Francis H. Barber Laytonsville | Md. DATE MAY 1 6'61 arthur & Kraus |
| - | | |

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 factors death. Page 4 may be to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/S9



| | MARYLAND STATE DE | | | ORE 1. MARY | LAND |
|---------------|--|---|--|-------------|---|
| | 5782 CERTIFICAT | | | | 5769 |
| 1. | PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b | a. STATE | NCE (Where deceased lived, b, COI rland (If outside corporete limits, w | Monte | gomery |
| 7 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Suburban Hospital | d. STREET ADDRESS | , nearesta | thesda | IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF First Middle Clype or print) WALLACE J | DUGAS | nnoch Road Mol | | Year 19 61 |
| | Male White WIDOWED DIVORCED | 8. DATE OF BIRTH | | Months Deys | Hours Min. |
| do | Br. Mgr. FATHER'S NAME Br. Mgr. FATHER'S NAME | Louisi 14. MOTHER'S MAIDEN | | U.S. | A COUNTRY? |
| | no, or unkown) (Ifyasgivewarordetesofsarvice) Unknown 18. CAUSE OF DEATH [Enter only ona ceusa per line for (a), (b), and (c).] | Celins | Addre | me as abo | VO) TERVAL BETWEEN NSET AND DEATH / |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to Immediate ceuse (b) DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO | arterio de la | ocleroses | ct. Unit | 5 year 3 year |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | rephysew | er x asl | 7 | 19. WAS AUTOPSY PERFORMED? YES NO |
| MEDICAL | | ACE OF INJURY (Home, fectory, street, office bldg., e | | (County) | (Stete) |
| | 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on | May S., | MED. STAFF | | |
| | 22c. PHYSICIAN'S 1 1 2 D 18 | M.D. PHYS. 22d. ADDRESS | DIRECTOR PHYS. | 5-2 | 2.61 |

23c. NAME OF CEMETERY OR CREMATORY

Bethesda, Maryland

LOCATION (City, town or county)

Culling S. Kraus

Burns Hill Cemetery Waynsboro, Pennsylvania

ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

DATE AY 25 '61

physician and completely filled in by the funesal e remove carbon papers. Pages I and 2 should any event, within 72 hours after death. Then please remove and in any death. The 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute

in 24 hours aft

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5/25/61

24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

TO HOSP VR A15 (4) 15M 9/60

E. Agh. VA.

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Friday do.

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PERSONAL PROPERTY

New York And Advisor Inches

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Robert A. Pumphurev Sethesde, Marvland World W. 25 %!

DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if outside comporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) dea D. after .= -Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS completely papers. NAME OF DECEASED (Type or print) DEATH 9. AGE (In years) UNDER I YEAR carbon 7. MARRIED NEVER MARRIED last birthday and Months USUAL OCCUPATION (Give kind of work physician done during most of Working life, even if retired e.a.chier 13. FATHER'S NAME ease = affending 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no or unkown) | (If yes give were redetes of service) no no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate causa DUE TO (a), stating tha underlying certificate h PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION 0 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH for After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While at work et work p.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 220. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 234 LOCATION (City, town or county 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ankton REMOVAL (Specify) 0 Removal Yankton Cemetery Dakota

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENC ON A FARM? YES NO

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19

Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED?

(Stele)

DATE

(State)

SIGNED

1..., that (1) (we) last

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Dev

Devs

(County)

256. REGISTRAR'S SIGNATURE

arthur S. Thomas

2Sa. REC'D BY

VR A15 (4) 15M 9/60

TOPOSE HARTENED LIMITON COLLINS -11 ground name to the same not have 5 HH Com Co 3 921-14 9 922 924 0 0 1 2 10 12 11 COLUM

| | 5 | | | | | NT OF HEALT | | | 18 Reg. Dist. | No. U 5 | 771 |
|---------------|--|--|-------------|--|----------|--|------------------------|---|------------------|-------------------------------|------------------------|
| 1. | PLACE OF DEATMO | ntgomery | | MARYI | AND | 2. USUAL RESIDENCE (* o. STATE Mary | | | Hont Residence | | |
| | b. CITY OR TOWN U | Park | RURAL | c. LENGTH OF STAY I | N 1b | c. CITY OR TOWN (I | | | RURAL and gi | ve negrest t | own) |
| | | ontrose | | pital, give street address | } | d. STREET ADDRESS 11013 Mo | ntros | e Ave | , | 10 | RESIDENCE N A FARM? |
| | NAME OF DECEASED (Type or print) | Eir LEC | | Lamar | | DYE Lost | 4. DATE OF DEATH | Month May | | | Year 19 61 |
| | sex fale | 6. COLOR OR RACE White | 7. MARRII | DIVORCED | - | Nov. 21 1 | 871 | 9. AGE (In years 9 pirthday) yrs. | Months Do | | DER 24 HRS. Min. |
| 100 | during most of working | IN (Give kind of work g life, even if retired) | | ind of Business or I | | RY 11. 8IRTHPLACE (State | | country) | 12. CITIZE | | T COUNTRY? |
| 13. | FATHER'S NAME | | | | 1017 | 14. MOTHER'S MAIDEN | NAME | | | | |
| | Thomas | s Jeffers | on D | ye | | Leti | cia 1 | Longmire | 2 | | |
| | WAS DECEASED EVE b. no. or unknown) Yes | R IN U. S. ARMED FO (If yes, give wor or doles of WW I and | service) | social security no. | 100 | lliston L. | Dye | Address - Son - 97(| Bethe | | Md. e Driv |
| | PART I. DEAT | iote cause | se per line | for (o), (b), and (c). | 00 | celusin | | | | INTERVAL BETY ONSET AND DI | PEEN EATH |
| CERTIFICATION | PART II. OTH | ER SIGNIFICANT CON | DITIONS CO | INTRIBUTING TO DEATH | BUT N | OT RELATED TO THE TERM | INAL DISEAS | E CONDITION GIV | EN IN PART 1 | o) 19. WAS PERFO YES | AUTOPSY ORMED? |
| CERTIFIE | 20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH. | SE WAS ITRIBUTING [| b. DESCRIBE | HOW INJURY OCCUR | RED. (Er | nter nature of injury in Par | t I or Port II | of item 1B.) | | | |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Yea | While | | | E OF INJURY (Home, form ry, street, office bldg., etc | | or town) | (County |) | (Stote) |
| 93 | 21. I certify th | at I took charge | of the r | emoins described | abov | ve, held on Autops | y 🔲, II | nspection . | Inquiry | R), ond | find that |
| | | from: Notural | couses 🔀 | Accident [, | | _M.D. CHIEF MEDICAL E. ASSISTANT MEDIC DEPUTY MEDICAL | XAMINER AL EXAMINE | ndetermined o | | DATE | SIGNED |
| | | 5/24/6] | F | 22c. NAME OF CEMETER Arlington ADDRESS | | lat. Cem. | | ington, | | | te) |

Bethesda, Maryland

DATE MAY 2 3 '61

arthur S. Kraus

e

VS. A15ME(5) 5M 9/55

Robert A. Pumphrey

| | S CERTIFICATE OF DEAT | NCAL EXAMINER | |
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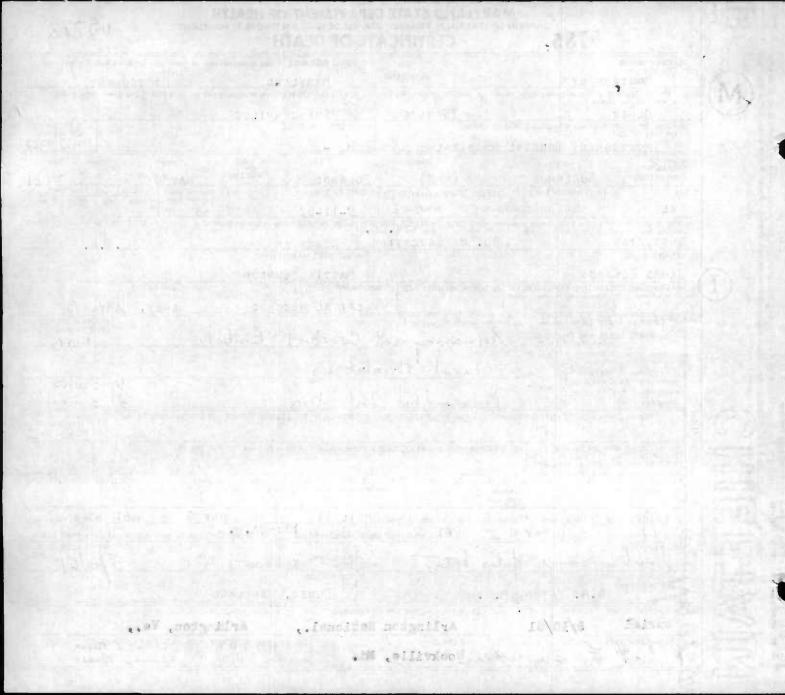
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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| TO HOSPILM OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 km offer death. Page 4 | may be. Ined by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, | page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with | 6 | \/ |
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| The same | A IA | shauld | e Boar | |
| HOSP | may be need by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been significant or the statement of the st | oge 3 | the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. | |
| 0 | E 0 | ď | ŧ | |

VR A1S (4) 1SM 9/59

| 1. | PLACE OF DEATH o. COUNTY MONTGO | OMERY | | MARYLAND | | SUAL RESIDENCE (V. STATE | | b. COUNTY | on: Residence | | admission) | |
|---------------|---|---|----------------|----------------------------|----------|---|---------------------------------------|---------------------------|---------------|---------|--------------------------|-----|
| | b. CITY OR TOWN (III | f outside carporate limits, w | rite c. LENC | OTH OF STAY IN 16 | c | CITY OR TOWN (I | | | | | st town) | |
| | OLNEY | orest territy | 2 | 5 DAYS | 2 | SPENCE | RVILLE | | | | | |
| | d. NAME OF HOSPIT | AL (If nat in haspital, give s | treet address) | | | STREET ADDRESS | | | | | ON A FARA | 42 |
| L | MONTGO | MERY GENERAL | HOSPIT | TAL | | - | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | YES NO | با |
| 3. | NAME OF DECEASED (Type or print) | First | | Middle | Car | Last | 4. DATE OF DEATH | Mon | ith | Day | Yeor | |
| - | SEX | ADOLPHUS | | NMN) | 1 | WARDS TE OF BIRTH | DEA.III | 9. AGE (In years | IF LINDER 1 | YEAR IE | 19 UNDER 24 I | HR |
| 3. | MALE | 6. COLOR OR RACE 7. | | DIVORCED [| | 9-11-92 | 177 | lost birthday) 68 yrs. | _ | - | Hours M | _ |
| 10 | a. USUAL OCCUPATIO | ON (Give kind of work done | 10b. KIND OF | BUSINESS, OR JND | | V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | te or foreign co | | 12. CITIZE | EN OF W | VHAT COUN | ۲R۱ |
| | CUSTODIAN | ing life, even if retired) | BD. OF | _ | | NEBRASK | | | U. | S.A. | | |
| 13 | B. FATHER'S NAME | | | | 14. | MOTHER'S MAIDEN | NAME | | | | | |
| | JAMES EDWA | ARDS | | | | MATTIE JOI | HNSON | | | | | |
| | | R IN U. S. ARMED FORCES? | | ECURITY NO. 17. | NFORA | | | Add | ress | | | |
| | (es, no, or unknown) | (If yes, give war or dates of service) | | | Hos | PITAL RECO | ORDS | OLN | EY, MA | RYLA | ND | |
| 7 | Conditions, if a gove rise to it couse (a), stoting lying couse last. | mmediate but to but to (c) | Mur | cardial | om In | terebral bus fanction | Emb | poli | 1) | 3 | wks | |
| CATIO | PART II. OTH | IER SIGNIFICANT CONDITIO | ONS CONTRIBL | TING TO DEATH BU | I NOI | RETAIED TO THE LEK | MINAL DISEAS | E CONDITION GIV | EN IN PAKI | | PERFORMED YES NO |)5 |
| CERTIFICATION | | S UNDERLYING 20b CAUSE OF DEATH MEDICAL EXAMINER) | . DESCRIBE HO | W INJURY OCCURR | ED. (En | ter noture of injury i | n Port I ar Par | t II of item 18.) | | | | |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | V | | | | F INJURY (Hame, fa street, office bldg., e | | or town) | (Co | unty) | , (S | iot |
| | | t (I) (this hospital) of sed alive on MAY 6 | | deceosed from 61, and that | | occurred al 2 | 9 61, to | MAY 6 the causes ar | | | t (1) (we) stated obc | E E |
| | 22c. PHYSICIAN'S NAME (Type) | R.A. YATES, | M.D. | В | M.D. | PHYS. 22d. ADDRESS | MARYLA | PHYS. | | 16 | /6/ | |
| 2. | 30. BURIAL, CREMATIO | 5/10/31 | | Arlington | | | | ION (City, town, Lington, | or caunty) | | (State) | |
| 24 | FUNERAL DIRECTOR | S SIGNATURE LUNG | 0 - | ookville, | Mi. | 25a. RE | MAY 1 0 | 0. | strar's sign | | | |



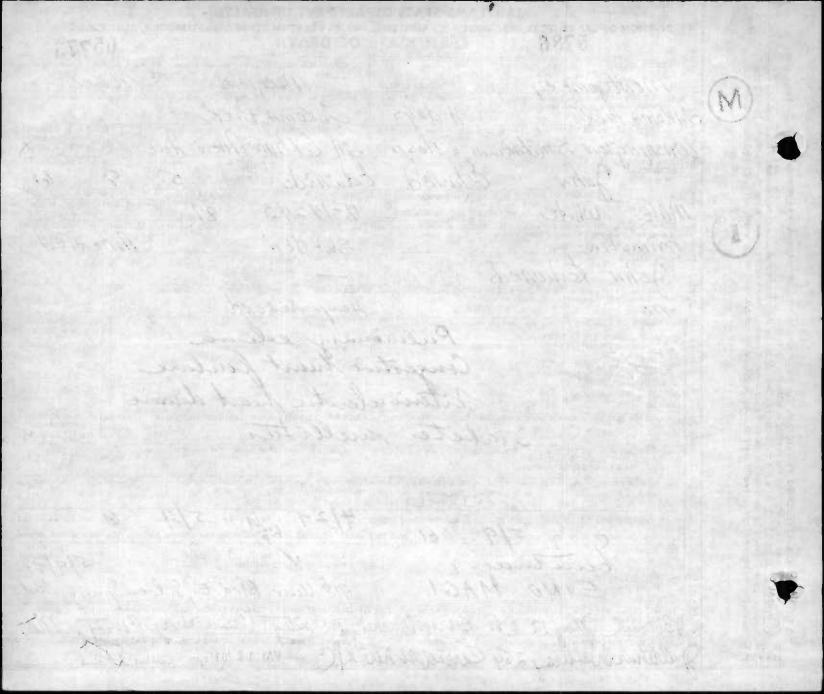
VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5786 CERTIFICATE OF DEATH 05773

| 1. | PLACE OF DEATH | | 2. USUAL RESIDENCE | (Where deceased lived, I | f institution: Residence | e before edmission) |
|---------|--|-------------------------------|--|--------------------------------|--------------------------|-----------------------------|
| | a. county | | a. STATE MAPI | b. COL | MA YIM | nX |
| - | MONTGOMERY | MARYLAND | OF THE STATE OF TH | THINE | The Dillipation of the | |
| | b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN LINE | utside corporete limits, wr | ITE KUKAL and give no | eerest town) |
| 0 | AKOMA PARK | 11 days | QAKOMA | TARK | 17 | |
| - | d. NAME OF HOSPITAL OR INSTITUTION (if not in he | ospitel, give street address) | d. STREET ADDRESS | 0 / |) | e. IS RESIDENCE |
| 12 | VAShington SANITARIU | m & Hosp | 211 EXMAI | VHILEN H | ue. 1 | YES NO NO |
| 3. | NAME OF PIEST | A Middle | Last 4 | . DATE Mon | nth Dey | Year |
| | (Type or print) | Edward & | tdWARds | DEATH 5 | 9 | 1961 |
| 5. | SEX 6. COLOR OR RACE 7. MARR | IED NEVER MARRIED 8 | . DATE OF BIRTH | 9. AGE (In yeer last birthday) | | IF UNDER 24 HRS. |
| 1 | MALE White WIDOW | | 7-17-73 | 87 yrs. | 7110111111 | Hours Min. |
| 10. | a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (County | & State, or foreign country | y) 12. CITIZEN OF | WHAT COUNTRY? |
| | MINISTER | | SINE MEN | | Hmr | RICA |
| 13 | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | 7,777 | |
| | John toduseds | | | | | |
| | | S. SOCIAL SECURITY NO. 17. | INFORMANT | 4 Addre | 185 | |
| (Y | es, no, or unkown) (If yes give war or dates of service) | | Hosp rece | and | | |
| - | 7/0 | | Hay ruce | D.K.C. | 1 (5.19) | PRIVAL RESIDENT |
| | 18. CAUSE OF DEATH [Enter only one cause per | 0 1 | | 0. | | ERVAL BETWEEN SET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Pulmo | nary est | ema | | |
| | DUE TO | P | - 0/ / | 1 .1 | | |
| | | Coursestu | re meant | Koulun | ~ | |
| | gave rise to immediate cause | | .0 | 0 , 1 | | |
| | (e), stating the underlying DUE TO | 13 to 100 | V . + 1 | 10 f dis | era o | |
| | ceuse last. (c) | errenose | cerone /n | eur rese | wie | |
| Z | PART II. OTHER SIGNIFICANT CONDITIONS CO | NTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINA | L DISEASE CONDITION G | IVEN IN PART I(e) 19 | PERFORMED? |
| ATION | A ic | leter 1 | wells Fu | 1 | Y | ES NO M |
| FF | 20a. ACCIDENT WAS UNDERLYING [] 20b. DE | ESCRIBE HOW INJURY OCCURED | . (Enter nature of injury in Per | t I or Pert II of item 18.) | | |
| CERTIFI | OR CONTRIBUTING CAUSE OF DEATH | | | | | |
| | | | | | 10 | |
| ICAL | 20c. TIME OF INJURY Month, Day, Year 20d Whi | | CE OF INJURY (Home, farm, lory, street, office bldg., etc.) | 20f. (City or town) | (County) | (Stete) |
| MED | p.m. 19 et w | | . 1 | | | |
| | 21. [certify that (I) (this hospital) after | nded the deceased from | 4/20/ 10 | 6. 10. 5. | 7 10/-/ 11 | nat (I) (wa) last |
| | 1-11 | 2 | 115 | | | |
| | saw the deceased alive on | | death occured at | .M, from the causes | and on the da | |
| | 22a. SIGNATURE | 4 | ATTENDING MED | D. STAFF | | 22b. DATE SIGNED |
| | buil may | M | 1.0. | ECTOR PHYS. | | 19/61 |
| | 22c. PHYSICIAN'S | 1111 | 22d. ADDRESS | 011-0 | 0 | 1 1 1. 1 |
| | NAME (Type) EINO N | THU | 918 Mur. | 13/00. E. J. | liver Jim | is fluid. |
| 23 | e. BURIAL, CREMATION, 236. DATE THEREOF | 23c, NAME OF CEMETERY | OR CREMATORY | 23d JOCATION JELY, I | rown or county) | (Stete) / |
| | Burial May 12. 1961 | George Wash | writer Cemetery | (Mice Sea | ray Counties | T. ma. |
| 24 | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | BY REGISTRAR 256. B | GISTRAR'S SIGNAT | URE |
| 1 |) Mother To alting ali | (72201/ A120 | 10/1/20 1000 | 1 9 201 | | |
| 1 | T. Marine C. Marines 234 | aving will | DATE MAY | 12'61 (| Irland of time | IA / |
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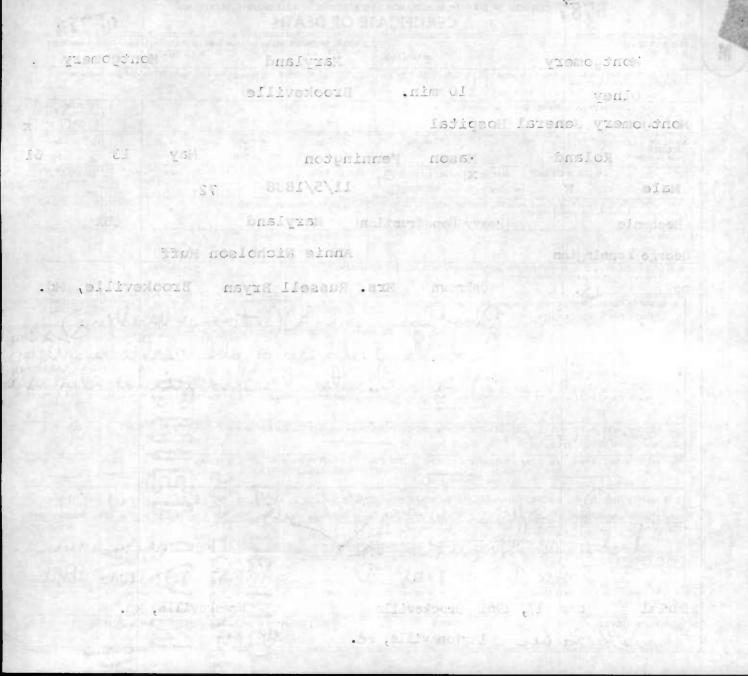


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| | S | Ped | RE | pe | 0 |
| - | TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 if | may be is seed by the hospitol ar attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir | page 3 should be detoched far use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be files | the State Board of Health prior to burial, cremation, or remavol, and in any event within 72 hours after death. |
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| | CERTIFICA | IL OI DEATH | | 00114 |
|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDENCE (WI g. STATE Marylan | b. COUNTY | ion: Residence before admission) Montgomery |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Olney c. LENGTH OF STAY IN 1b 10 min. | | | outside corporote limits, write l | |
| d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION | street address) Hospital | d. STREET ADDRESS | 1 | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Roland | Mason Fer | lost nnington | 4. DATE MOI OF DEATH MAY | 13 Day Year 19 61 |
| 14-1- | MARRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH 11/5/188 | 9. AGE (In years last birthday) 72 yrs. | Manths Days Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work dand during most of working life, even if retired) Mechanic | 106. KIND OF BUSINESS OR INDU- Heavy Constructi | | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN I | | |
| George Fennington | | | cholson Huff | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Per line for (a), (b), and (c).] Probable IONS CONTRIBUTING TO DEATH BUT D. DESCRIBE HOW INJURY OCCURRE | D. (Enter nature af injury in | Bryan Bro | PERFORMED? |
| p. m. 19 21. I certify that (I) (this haspital) as saw the deceased alive an 3.10 22a. SIGNATURE | While Not while of work of wor | TENDING M | 61. to 5/13 | (Caunty) (State |
| 23a. BURIAK, CREMATION, BUTTAL Specify May 17. | 23c. NAME OF CEMETERY O | | AMOY SP 23d. LOCATION (City, town, Brookeville | |
| 24. FUNERAL DIRECTOR'S SIGNATURE Francis H. Barber | ADDRESS Laytonsville, | 2Sa. REC | D BY REGISTRAR 256, REG | ISTRAR'S SIGNATURE |



1,5775

| 0.00 | Thom CERTIFICA | IE OF DEATH | | 0044.) |
|--|---------------------------------|-------------------------------|--|--|
| 1. PLACE OF DEATH o. COUNTY | MARYLAND | o. STATE | 'here deceased lived. If institution b. COUNTY | on: Residence before admission) |
| b. CITY OR TOWN (If outside gorporote limits, | write c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (IF | outside corporate limits, write R | URAL and give nearest town) |
| RURAL and give negres I lown) Bethesda | | Washing | ton, | 47x-3 |
| d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION | 210 | d. STREET ADDRESS | St Alt | e. IS RESIDENCE ON A FARM? YES NO Z |
| Nesmor Sanilarium, 37 | 21 Gros Jenor La. | 7/18 77 | 4. DATE Mon | |
| 3. NAME OF DECEASED (Type or print) Elizabe | th T. | Fisher. | 4. DATE Mon | Day Yeor 196/ |
| 5. SEX 6. COLOR OF FACE 7. | MARRIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| F Mwhite w | IDOWED DIVORCED | July 18 1872 | 82 yrs. | Months Doys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) | | STRY 17. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| SECRETARY | KETIRED | IONO | | A. U.S. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | |
| George F. tisher | | Mary E. | brr | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes, no, or unknown) (If yes, give wor or dates of service) | ce) | NFORMANT / | Add | |
| NO - | Jo | hn W. Fish | er, 4118 49t | |
| 18. CAUSE OF DEATH [Enter only one couse | per line for (o), (b), and (c). | 4/1- | 1. dais | ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Cerchial | an our | NOW | dring |
| DUE TO LA DIA DIA | | | | |
| Conditions, if ony, which (b)_gove rise to immediate | Meranyc | a wyes | roscura | us years |
| cause (o), stating the under- | | | | () |
| lying couse lost.) (c) PART II. OTHER SIGNIFICANT CONDIT | TIONS CONTRIBUTING TO DEATH BUT | T NOT BELATED TO THE TERM | AINAL DISEASE CONDITION CIV | VEN IN PART 1/01/19 WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDIT | IONS CONTRIBUTING TO DEATH BO | THOT KEENED TO THE TERM | MINAC DISEASE CONDITION GIV | PERFORMED? YES NO N |
| 20g. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in | Port I or Part II of item 18.) | |
| 20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While of work | | | | |
| 21. I certify that (I) (this haspital) | attended the deceased fram: | Jeh. 27. 1 | olal to May S | , 196_L, that (I) (we) last |
| saw the deceased alive an IVI | 44-5-19 6 and that | death accurred at | M from the causes ar | nd an the date stated above. |
| 220. SIGNATURE | kul | M.D. ATTENDING A | MED. STAFF PHYS. | 5-6-6 DATE |
| 22c. PHYSICIAN'S PAME (Type) | YLAND | 27dy ADDRESS 4 | 49 STNW | Washington |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY O | OR CREMATORY | 23d. LOCATION (City, town, | or county) (State) |
| burial 5/10/19 | | emetery | Washington, | Iowa |
| 20 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Washington 1 | - A M | | STRAR'S SIGNATURE |
| | W MESSOTHERLON. | DATE IN | Mari A. | and the second s |

ofter death. Page

TO HOSPIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 if siter death. Pa may be that by the hispital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direpage 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hauf after death. VR A15 (4) 1SM 9/59

SE SETARY REDACED The content of the co 5/30/tropy = Veryllian description | Letter mon, 22 love -

| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH | | | | |
|--|--|--|--|--|
| 1. PLACE OF DEATH e. COUNTY MONTONMERY MARYLAND 6. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Takoma fark d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Washington San. + Hospital 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before admission) e. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 8600 Green wood Ave d. STREET ADDRESS d. STREET ADDRESS VAShington San. + Hospital VES \(\text{NON A FARM?} \) YES \(\text{NON A FARM?} \) YES \(\text{NON A FARM?} \) | | | | |
| 3. NAME OF DECEASED Arthur Garfield Fowler DEATH May 19 1961 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR If UNDER 24 HRS. Is shirthday Is | | | | |
| 10a. USUAL OCCUPATION (Give kind of work gene during most of working life, even if retired) NETITED DIVORCED 6-21-8 79 yrs. 10 22+ 10a. USUAL OCCUPATION (Give kind of work gene during most of working life, even if retired) NETITED MFG. Co. Mew York. 12. CITIZEN OF WHAT COUNTRY? NETITED MFG. Co. Mew York. 13. FATHER'S NAME FOULER FOULER FOULER FOULER FOULER Frances PACIPS 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Country & Stete, or foreign country) 11. BIRTHPLACE (Country & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? WIDOWED 10 22+ 10a. USUAL OCCUPATION (Give kind of work general properties) 11. BIRTHPLACE (Country & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME FOULER | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (Ifyes give were referenced by the second of the sec | | | | |
| Conditions, if eny, which gove risa to immediate cause (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY | | | | |
| PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO YES NO PERFORMED? YES NO YES NO PERFORMED? YES NO YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| 20c. TIME OF INJURY Month, Dey, Year Hour a.m. 19 20d. INJURY OCCURRED Street, office bldg., etc.) 20f. (City or town) (County) (Stete) 20f. (City or town) (County) 20f. (City or town) (Stete) 21. I certify that (I) (this hospital) attended the deceased from 2.6 | | | | |
| 220. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. PHYSICTAN'S NAME (Type)G. Leonard Gold ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D STAFF SIGNED 22d. ADDRESS 8641 Colesville Road, Silver Spring, Md. | | | | |
| 236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) Burial Transit 5/22/61 Lawncroft Cemetery Fairfield Connecticut 24 FUNERAL DIRECTOR'S SIGNATURE WATTER E. Pumphrey, Inc. 8434 Georgia Ave. Silver Spring, Md. DATE MAY 2 3 '61 Cuthun S. Kraus | | | | |

MAN A TO REST KIND OF THE Late to me fact houses a record was the LEW STATE STORE ASSESSMENT SELL IS AND consider the second of the sec 4 - 1 - 2 e ghittings middle mother seasons the sign of the leave A SANTAL YARTS HIS BOY STUBA 1 -- -- 1 Employed I Change langer we years 57 17 met a money 1144 11 61 BOLL Columnian and, Silver Burn Till. broth bracos period district form of Commission Fair ivid Semestrate Parmir J. Pumping, Inc. 8430 Sectals Ave.

|) | I in by the funeral director, | and 2 should be filled with | |
|--|--|--|--|
| | by the ottending physician and completely filled | . Then please remove carbon papers. Pages 1 | I, and in any event, within 72 hours offer death. |
| moy be inded by the hospitol or ottending physicion. | TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, | page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with | the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours offer death, |

TO HOSPILA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

VR A1S (4) 1SM 9/S9

Ofter death. Page 4

| 1. PLACE OF DEATH O. COUNTY TO ANY TO AMERICA | MARYLAND | 2. USUAL RESIDENCE (WI | here deceased lived. If institution b. COUNTY | Lewis & Clark |
|--|--|--|---|--|
| b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest/town); | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If | outside corporate limits, write R | URAL ond give nearest lown) |
| Bethesda | 1/mm 23da | Hel | ena | 63X-3 |
| d. NAME OF HOSPITAL (If not in hospital, give : OR INSTITUTION 1) | street oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| HITalista | Dursing Home | None | | YES NO 2 |
| 3. NAME OF DECEASED (Type or print) | / Middle | C Lost | 4. DATE Mon | th Day Year |
| V (/ / / / / | | 8. DATE OF BIRTH | 9. AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS |
| F W WI | DOWED DIVORCED | Jan 31, 1 | 878 83 yrs. | 4 |
| USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUS | STRY 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| H.W. | | ENGLO | and | 4.5 |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME C | |
| JOHN Whyat | 7 | 19 | Ne Jeldo | 2N |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) (If yes, give war or pales of service | | IFORMANT | Add | Bethesda, 1 |
| no | None V | ames D. Gr | aham, 6007 | GoldsboroRo |
| 18. CAUSE OF DEATH [Enter only one couse | per line for (o), (b), and (c).] | - 0 | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Repatic 1 | arture | | 2 whs |
| Conditions, it ony, which) (b) | Carcinonal | osis qu | neralized | 3 month |
| gove rise to immediate couse (a), stating the under-lying couse lost. | aderocanci | nomatus | is of heast | flest wherem |
| PART II. OTHER SIGNIFICANT CONDITI | ONS <u>CONTRIBUTING TO DEATH</u> BUT | NOT RELATED TO THE TERM | IINAL DISEASE CONDITION GIV | /EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| | DESCRIBE HOW INJURY OCCURRED | D. (Enter noture of injury in | Port I or Port II of item 18.) | |
| Hour o.m. | 20d. INJURY OCCURRED 20e. PL While Not while for of work 1 of work 1 | ACE OF INJURY (Home, farm story, street, office bldg., etc. | n, 20f. (City or lown) c.) | (County) (State |
| 21. I certify that (I) (this haspital) a saw the deceased alive an 2.7 | In | June 19 | AM from the courses on | that (I) (we) last |
| 220. SIGNATURE | | ATTENDING # M | NED. STAFF PHYS. | 22b. DATE SIGNE |
| 22c. PHYSICIAN'S NAME (Type) HERBERT | MARTYN- | 12 22d. ADDRESS D | 29 Bette | eda Are |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF BUR-IT anisit 6/1/61 | 23c. NAME OF CEMETERY O | r CREMATORY View Cem. | 23d. LOCATION (City. town, Livingston, | |
| 24. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Retherde Man | evland 250. REC | 11111 0 104 | STRAR'S SIGNATURE |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05778

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) | | | |
|--|--|--|--|--|
| a. COUNTY MODERATE | e. STATE b. COUNTY | | | |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 | Maryland Montgomery | | | |
| write RURAL end give neerest town) | c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) | | | |
| Rockville | Rockville | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS o. IS RESIDENCE ON A FARM? | | | |
| 4605 Wilwyn Way | Box 52 | | | |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Day Year OF | | | |
| (Type or print) Clara Angeline | Griffith DEATH May 30 19 61 | | | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 | B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. | | | |
| Female White WIDOWED DIVORCED | Oct. 19. 1866 94 yrs. Months Deys Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR | | | | |
| done during most of working life, aven if retired) Post mistress, ret Post Office | Maryland USA | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| David Porter Griffith | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | Margaret Virginia Keys | | | |
| (Yes, no, or unkown) (Ifyes give wer or dates of service) | | | | |
| | th G. Veirs-Box 52-Rockville, Md. | | | |
| 18. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).] | INTERVAL BETWEEN ONSET, AND DEATH | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orteroscluste | e Curliorascular deseuse Tyeurs | | | |
| 4221 DUE TO | | | | |
| Conditions, if eny, which | | | | |
| gave risa to immedieta cause | | | | |
| (e), sletting the underlying DUE TO | | | | |
| TO BARY IS OTHER CICALIFICANT COMPUTIONS CONTRIBUTIONS TO DEATH BUY AND | DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | PERFORMED? | | | |
| The state of the s | ent - ceulal thromboses YES NO H | | | |
| 206. ACCIDENT WAS UNDERLYING OCCURED OR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH VONE | D. (Enter neture of injury in Pert I or Pert II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLA | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) | | | |
| at week [7] | tory, street, office bldg., etc.) | | | |
| | (not 19 1052 min 20 1061 1100 11 | | | |
| | Oct. 17, 1957 to May 30., 1961, that (1) (ma) last | | | |
| saw the deceased alive on | death occured at AM, from the Causes and on the date stated above. | | | |
| 220. SIGNATURE | ATTENDING MED. STAFF 22b. DATE SIGNED | | | |
| Stylen C. Gomwell M | A.D. PHYS. DIRECTOR PHYS. 5-30-61 | | | |
| ME. PHYSICIAN'S NAME (Type) | 22d. ADDRESS | | | |
| Stephen C. Cromwell | Rockville, Md. | | | |
| 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (Stete) | | | |
| Burial 6/1/61 Rockville | Cemetery Rockville, Maryland | | | |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE | | | |
| Robert A. Pumphrey Bethesda, Mar | | | | |
| | DAIL TO THE TOTAL THE TOTAL TO THE TOTAL TOT | | | |

Monte Correctly plitylock angeline Grand Street at Spar Share Och. 19, 1866 44 Author stanes Spirit distribute for line Carice L bmalvrast L war abalante terment Burn C. Veirs-Box 32-Rocksille, 186: articular lucion conservante leave type certification excitent - culed thembers NONE Cet. 17 57 may 30 61 10 12 Per Stylen C. Romwell 5-30-61 rockville 116 Coert A. Funniter Sethoads, Harriand Just Williams A. Tracol

DIVISION TO HOSP FL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician.

S death. If p 4 may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician and completely filled in by the funeral or attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

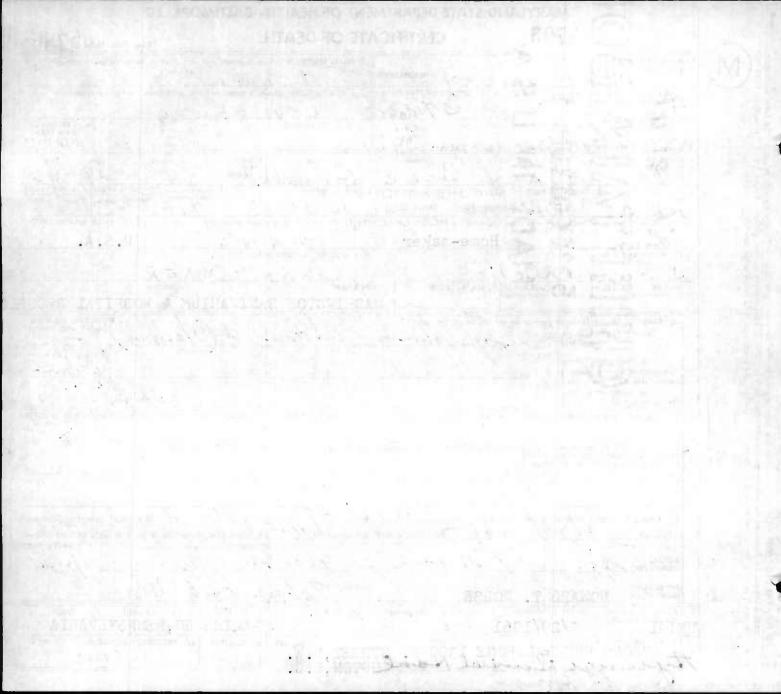
MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05779

| B. COUNTY b. COUNT BY COVER 10 MERCY MARKED OF STATE 10 B. COUNTY c. CITY OR TOWN IT ON INDUSTRIAN IN INDUSTRIAN | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) |
|--|--|---|
| S. CITY OR TOWN (If audide corporate limits, write RURAL and give special bown) W. S. T. S. | e. COUNTY MINTOMFR | e. STATE D. COUNTY |
| WHSDNING TO SERVICE TO | b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| A. MARE OF MOSPITAL OR INSTITUTION (If not it) hospital, rive street eddress) S. DU Y DA Y S. NAME OF DOSP THE STATE OF BURES OF THE STATE OF THE | write RURAL end give neerest town) | 47X |
| S. NAME OF DECEASED ROW AND | | WAShing Ton |
| S. SEX G. COLOR OF RACE T. MARRIED M. V. M. | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | |
| DECRESED (Type or print) S. SEX 6. COLOR OR RACE (7. MARRIED MEYER MARRIED DECRETE) 10. DATE OF BEXTH 10. JUSTAL DOCUMENT OF SIGNATURE 10. USUAL DOCUMENT OF SIGNATURE 10. DATE OF BEXTH (1. BETTINENDING TO PRINT OF SIGNATURE) 10. DATE OF BEXTH (1. BETTINENDING TO PRINT OF SIGNATURE) 10. DATE OF BEXTH (1. BETTINENDING TO PRINT OF SIGNATURE) 11. MARRIED OF DEATH (1. BETTINENDING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMANT 10. CONTRIBUTION OF SIGNATURE 11. DATE SIGNATURE 12. CITIZEN OF TOWN OF SIGNATURE 13. TATERONING TOWN OF SIGNATURE 14. MOTHER'S MARDEN ALAME 15. CRUSE OF DEATH (1. Bettine only one cause per line for (9), (b), end (c).] 16. MARRIED TOWN OF TOWN OF SIGNATURE 17. MARRIED MARRIED TOWN OF SIGNATURE 18. CRUSE OF DEATH (1. Bettine only one cause per line for (9), (b), end (c).] 19. MARRIED TOWN OF SIGNATURE 19. MARRIED MARRIED TOWN OF SIGNATURE 10. CONTRIBUTION OF SIGNATURE 11. MOTHER'S MARDEN ALAME 12. CRUSE OF DEATH (1. Bettine only one cause per line for (9), (b), end (c).] 12. L'ACCEPTE MAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMANT (10) 19. WAS AUTOPSY | SUBUYDAN HOSPITAL | 3932 MORRISON ST. NW .YES NO NO |
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| 15. WAS DICEASED EYEUN U.S. ARMS FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MRS. ELIZ. GRIGGS — AS ADOUE 18. CRUSS OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause [e), stelling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPSY PERFORMED! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOPSY PERFORMED! 20. ACCIDENT WAS UNDERLYING: OR CONTRIBUTING TO ALLS OF DEATH Hour e.m. p.m. 19 While Not While etclory, street, office bidg., etc.] 21. I certify that (I) (this hospital) atjended the deceased from | ME Teorologi ST US Weather BUR | · Washing ton , D.C. U.S. |
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| 21. I certify that (I) (this hospital) attended the deceased from | Hour e.m. While Not While fect | ory, street, office bldg., etc.) |
| saw the deceased alive on | | |
| 22e. SIGNATURE 22e. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR SIGNED 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 7.4 FUNERAL DIRECTOR'S SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S PHYS. DIRECTOR DIRECTOR SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S PHYS. DIRECTOR DIRECTOR SIGNATURE 23d. LOCATION (City, town or county) (Stete) Prince Georges County, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 27d. DIRECTOR | 21. I certify that (I) (this hospital) attended the deceased from | 5 / 2 / f., 1964, to |
| 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYSICIAN STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. SIGNED PHYS. DIRECTOR PHYS. DIREC | saw the deceased alive on | death occurred at M.M. from the causes and on the date stated above. |
| 22c. PHYSICIAN'S NAME (Type) 23b. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 23c. NAME OF CEMETERY OR CREMATORY Cremation 23d. LOCATION (City, town or county) (Stelle) Prince Georges County, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Varner E. Pumphrey, Inc. 8434 Georgia Avenue | 22e. SIGNATURE | |
| 22c. PHYSICIAN'S NAME (Type) 23b. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 5/30/61 Fort Lincoln Crematory Prince Georges County, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Varner E. Pumphrey, Inc. 8434 Georgia Avenue | Adolphia h. Janes | NING DIRECTOR DIVING |
| NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 5/30/61 Fort Lincoln Crematory Prince Georges County, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Varner E. Pumphrey. Inc. 8434 Georgia Avenue | | |
| REMOVAL (Specify) Cremation 5/30/61 Fort Lincoln Crematory Prince Georges County, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Varner E. Pumphrey, Inc. 8434 Georgia Avenue 250, REC'D BY REGISTRAR 256, REGISTRAR 256, REGISTRAR'S SIGNATURE | | |
| REMOVAL (Specify) Cremation 5/30/61 Fort Lincoln Crematory Prince Georges County, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Varner E. Pumphrey, Inc. 8434 Georgia Avenue 256, REC'D BY REGISTRAR 256, REGISTRAR 260, REGISTRAR 260, REC'D BY REGISTRAR | The publish opening of the part tuescor and tuescor and the part tuescor and the part tuescor and the part tuescor and tuescor and the part tuescor and tues | OR CREWATORY 1994 I OCATION (Cir. A |
| 24 FUNERAL DIRECTOR'S SIGNATURE Varner E. Pumphrey. Inc. 8434 Georgia Avenue | REMOVAL (Specify) | DK CKEMATORY (Stere) |
| Varner E. Pumphrey, Inc. 8434 Georgia Avenue | 1 | |
| The City of the Color of the Co | | |
| | The state of the s | DATEIN 6 '61 Orthur S. Kraus |
| | | |

10 600 VARIOUS WY The course with the south 75 6761 2 NHW 3 THE on terrotop st as thath for Ripshagton, 35 16.5 D Loung Googs ALTAH John Deck 11/103 EATH GRIGGS - AS 200 VE Total of the second of the sec Compacification of the Wilder And Argental Compacification of the Co

| 1 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|---------------|--|
| 4 | | 5793 CERTIFICATE OF DEATH Reg. Dist. No.U.578() |
| Poge Hiled with | 1. | PLACE OF DEATH o. COUNTY / O / V + O O / O R R / MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY |
| be of | | b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| the funds should | | d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE |
| in by the ond 2 sho | Y | Vashing ton Sanitarium Hogital 15 X => ON A FARM? |
| ithin 24 h ely filled in Pages 1 o | L | NAME OF DECEASED (Type or print) NARY JANE GroevER DATE Month Doy Year 29 1961 |
| letely s. Page | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Day Hours Min. |
| du le | 100 | LUSUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| and con pap death | | during host of warking life, even if retired) |
| e po e | 13. | FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| cate I | | J. Gundy Wolfe UnnA DaKER. |
| physemov hau | 15. (Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 1, no, or unknown) III yea, give war or dates of service) I. SOCIAL SECURITY NO. INFORMANT Address |
| th ce ding use r | - | WASHINGTON SANITARIUM & HOSPITAL RECOF |
| dea | | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: |
| the of Then Zent | | 2 DUE TO DUE TO |
| that by the | | Conditions, if ony, which) (b) |
| gned perm in ar | | gove rise to immediate cause (a), stating the under- |
| requirements in sign. | - | lying couse lost. (c) a duy ny, Coper 1961 |
| physic physic nas bee riol-tra naval, | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 19. WAS AUTOPSY PERFORMED? YES NO |
| rending ficate the bu | | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| PHYSIC al or at his cert use as ematian | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of twork of twork of two the control of two |
| NG uspite that the that the that the that the that the that the the the the the the the the the th | | 21. I certify that I offended the deceased from 12/30/, 1947, to 5/29/, 1947, that I last saw the deceased |
| NDI R: Af | | alive on 5/29/, 196 and that death occurred/ot/10 35 M, from the causes and an the date stated above. |
| deto deto | | ADDRESS (Street, city or fown, stote) DATE SIGNED |
| OR Med DIRE Id be prior | | SIGNATURE SOWERS M.D. 7030 Carryllave. 5/29/61 |
| A Property | | PHYSICIAN'S NAME (Type) HOWARD T. MORSE Tahama Varh Mid |
| O HOSPI may be O FUNER page 3 s the regis | 8 <u>U</u> | DEBURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LEWISBURG, PENNSYLVANIA (Stote) |
| VS A15 (4) | 23. | FUNERAL DIRECTOR'S SIGNATURE HYSONG FUNERAL HOME 1300 N. STREET, N. W. MAY 3 1 '61 246. REGISTRAR'S SIGNATURE THYSONG FUNERAL HOME 1300 N. STREET, N. W. MAY 3 1 '61 CINCLUM & KNAWA |
| 15M 9/58 | Z | HISONG FUNERAL HOME 1300 N. STREET, N. W. MAY 31 '61 Circlus B. Kraus |
| | | Y Chief St. Huendy |



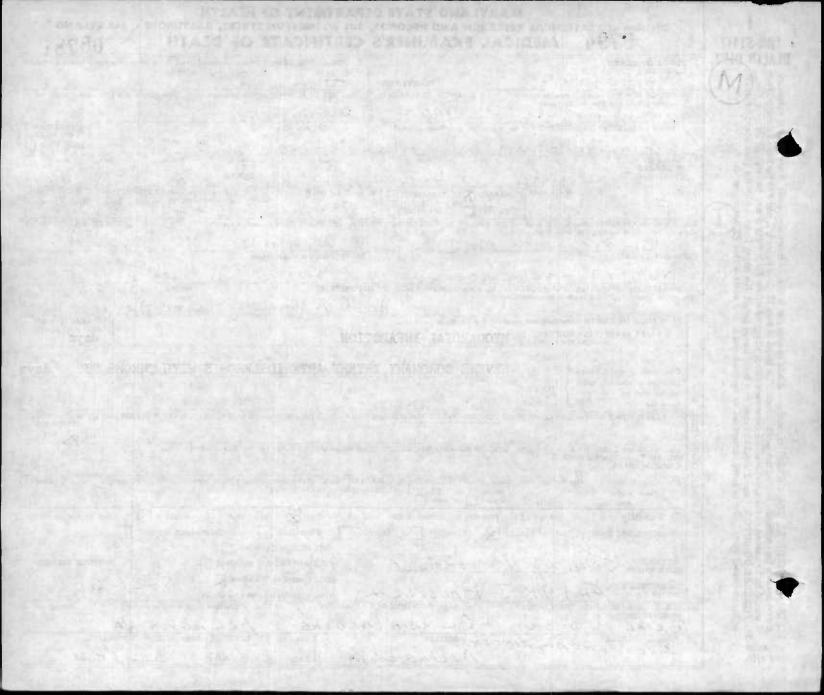
FOR STATE TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Board of Mailth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 boars after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5794 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11578:

| 1. PLACE OF DEATH a COUNTY | 2. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) |
|--|---|
| Mont gomera MARYLAND | b. COUNTY |
| b. CITY OR TOWN (if jutside corporate limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) |
| write RURAL and give nearest town) | DI: + |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS |
| + C | ON A FARM? |
| washington Sanitarium + Hos | |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Dey Year |
| (Type or print) LIVIda Lee | Haas DEATH 5 3/196/ |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| WIDOWED TO TOUTREED TO | 5-23-08 Sest birthdey) Months Deys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST | TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) | 1/ Camin MICA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | 14. MOTHER'S MAIDEN NAME |
| Robert Lee Cheely | hinda Hawks- |
| 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Illyesgivewerordelesofservice) | INFORMANT Address Brother in Cau |
| A) | Ir. K.V. Jones - Same Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) MYOCARDIAL INFARC | CTION ONSET AND DEATH days |
| DUE TO | |
| CENTEDE CODOMADY | ARTERY ARTERIOSLEROSIS WITH THROMBOSIS days |
| Conditions, if eny, which geve rise to immediate cause | attibit Attibition with into posts days |
| (a), steting the underlying DUE TO | |
| cause last. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| | YES NO |
| | (Enter nature of injury In Part I or Part II of item 18.) |
| PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | |
| ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL | ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State) |
| Hour a.m. While Not While fa | ctory, street, office bldg., etc.) |
| | |
| 21. I certify that I took charge of the remains described above, h | neld an Autopsy X, Inspection , Inquiry , and in my opinion |
| death resulted from: Natural causes X. Accident . Sui | cide, Homicide, Undetermined manner |
| 1 | CHIEF MEDICAL EXAMINER |
| SIGNATURE Trand 1. Browhart | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| 1. | DEPUTY MEDICAL EXAMINER S-31-61 |
| NAME (Type) FLANK J. Broschin | Address (Street, city, town, or county) |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C | OR CREMATORY 22d. LOCATION (City, lown, or country) (Slete) |
| BURIAL 6-3-61 (BLUMBIA) | PARDENS ARLINGTON VA |
| 23. FUNERAL DIRECTOR HOME T IN ADDRESS | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE |
| I VESTUNERAL MONE, TON | LA DATE JUN 5 '61 arthur & Krous |
| 1 THE CIRC-TOTA | DATE JUN 5 '011 Chilmy & Thous |



TO DEPUT! MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hoeth, or list designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5795 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0578 05782

| 1 | PLACE OF DEATH COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) |
|---|---|---|
| 1 | montgomer: MARYLAND | a. STATE b. COUNTY m / |
| 1 | b. CITY QR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR JOWN (If outside corporate limits, write RURAL and give negles! town) |
| | write RURAL and give/neprest town) | C. CIT ON TOWN (II OUISIDE COMPONENTS INMITS, WITHER KOKAL and give negress fown) |
| | Gelia Doma | X / Julia Skung |
| 1 | d. NAME OF HOSPITAL OR INSTITUTION (if no in hospitel, give street eddress) | d. STREET ADDRESS 0. IS RESIDENCE |
| 1 | (1) tall 10 ct | ON A FARM? |
| - | 3. NAME OF First CAGILON | Jewitte 3 |
| | DECEASED A A Y O A | OF OF |
| | (Type or print) Olliam total | Hall DEATH 5. 28 1961 |
| 1 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | male what widowed Divorced DI | MAN 11. 1891 TO yrs. Months Deys Hours Min. |
| 2 | 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTR | |
| | done during most of working life, even If retired) | |
| | CONSTRUCTION WORKERself-employed | MARYLAND USA |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Mr. William Thomas Hall Maryland | Mrs. Susan Tippett Maryland |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | |
| | (Yes, no, or unkown) (Ifyes give wer or detes of service) | Darelmole, intry and |
| | | . Helen N. Hall, 5645 Govane Avenue |
| | 18. CAUSE OF DEATH Enter only one cause per the for (e) (b), end (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | ONSET AND DEATH |
| | 113 1 | 01 10 10 11 11 |
| | 191X DUE TO MILLOUN | material Rio ali Gueldon |
| é | Conditions, if eny, which | Durellon of Johnson |
| 3 | geve rise to Immediate cause (e), steting the underlying DUE TO | 11 1: 11.1h |
| | cause last. (c) Pullingt (| neloproumenta murion |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | PERFORMED? |
| | 5 | YES IN NO |
| 2 | ☑ LANMARY □ or CONTRIBUTING □ | Enter nature of Injury in Pert I or Pert II of item 18.) |
| | | |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA Hour e.m. While Not While fect | CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Slete) |
| | Hour a.m. While Not While faci | ory, street, office bldg., etc.) |
| - | 7.11 | |
| | 21. I certify that I took charge of the remains described above, he | old an Autopsy, Inspection, Inquiry, and in my opinion |
| ٦ | death resulted from: Natural causes . Accident . Suic | ide , Homicide , Undetermined manner |
| | 1 2 | CHIEF MEDICAL EXAMINER |
| | ACTUAL Tree 1 (1 /3) and 1 | ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| 4 | SIGNATURE THEMAS J. I SULLE MANY | M.D. |
| | EXAMINER'S FANK J. BLOSCHAN | DEPUTY MEDICAL EXAMINER \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | Address (Street, city, town, or county) |
| | 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) | CREMATORY 22d. LOCATION (City, town, or country) (State) |
| | Burial 5/31/61 New Cathedral | Cemetery Baltimore, Maryland |
| | Varneta Electromphrey, Inc., 8434 Designa Av. | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| | Raymond aziska Silver Spring, Mary | 2 |
| | Mary structure control of the spring, mary | land DATEUN 5 '61 Chilling A. Thank |

Begate and the same Budleant and Dioc. M. branch and June West Line Court will be a ATTENDED TO STORE OF STREET the synthesis were the time of the synthetic probabilities and the synthesis of the synthes AND AND AND THE PARTY OF THE P San Correct Constant State of the land the land the land of the

Division of STATISTICAL RESEA **BALTIMORE 1, MARYLAND** FOR STATE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) y is nec.
I director. Pas.
Your files. a. COUNTA e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if our ide corporeta limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give grarest town) Board of I funeral dur d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS retained he State E NAME OF Middle DATE th. If an DECEASED OF the (Type or print) ges 1, 2, and 3 to the Page 5 may be rest and 2 with the in 72 hours after of DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH F UNDER 1 YEAR AGE (In year last birthday Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Give Pages 1 rrm PM3. Pag File pages 1 rent within 7 aski Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 sing" in pencil in Item 18. Give er's Office along with form PA as a burial-transit permit. File premoval, and in any prems, w unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) HELEN executed Home, Radford RETWEEN d/o Devilbliss Funeral 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) may Occlusion DUE TO should Conditions, if eny, which (b) gave rise to immediate cause DUE TO ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated pgent, prior to burial, cremation, or n (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m et work at work 19 p.m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry MEDICAL. death resulted from: Natural causes X Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S US Chah Address (Street, city, town, or county) NAME (Type) DEP 22a. BURIAL. CREMATION. 22b. DATE THEREO NAME OF CEMETE 22d. LOCATION (City, town, or country) 22c REMOVAL (Specify) 040 g 0 BURIAL 23. JUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME DATMAY 2 3 '61 Circhar S. Frank 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

Hours

PANSET AND DEATH

doub

PERFORMED? NO Y

(State)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Yeer

The converse for the second

VR A1S (4) 1SM 9/59 5707

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05784

| 2838 | CERTIFICA | IL OI DEATH | 00104 |
|---|--|---|---|
| PLACE OF DEATH a. COUNTY | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institute a. STATE b. COUN' | TY • |
| Montgomery | | West Virginia | Harrison |
| CITY OR TOWN (If autside corporate limits, w RURAL and give negrest tawn) | rite c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write | RURAL and give nearest town) |
| Rockville | | Clarksburg | |
| d. NAME OF HOSPITAL (If not in hospital, give s | treet oddress) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| 4727 Boiling Br | rook Pkwy. | 8 | YES NO X |
| 3. NAME OF First DECEASED | Middle | Last 4. DATE M | anth Day Yeor |
| (Type or print) Lot | P | Hansford DEATH May | 7 24 19 61 |
| S. SEX 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In year | TS IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 21 2 24 1 | DOWED DIVORCED | Feb. 18, 1877 84 y | |
| 10a. USUAL OCCUPATION (Give kind of wark dane during mast af working life, even if retired) | 106. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| Gas Company | Retired | West Virginia | USA |
| 13. FATHER'S NAME | W - V - V | 14. MOTHER'S MAIDEN NAME | |
| Francis H. Hansfo | ord | Victoria Barnette | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. IP | | ddress |
| (Yes, no, or unknown) (If yes, give war or dates of service) | None L | ouise Osborne-Daughter | r-same ld |
| 18. CAUSE OF DEATH [Enter only one cause | per line far (o), (b), and (c).] | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | URFMIA | | 3 MOS |
| IMMEDIATE CAUSE (a) | 011211) | | 7 7102 |
| 4.00 | PROCENTIA | HYPERTROPHY | 7 V=020 |
| Conditions, if any, which gave rise to immediate (b) | TRUSTITIC | ITTILKIKUTIT | ZYEARS |
| cause (a), stating the under- | | | |
| lying couse last. (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION O | GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| 3 | | | YES NO 🔀 |
| PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in Port I or Part II of item 18.) | |
| | and the same of th | ACT OF INHIBY (U C DOC (C') | 16 |
| Hour o.m. | | ACE OF INJURY (Home, farm, 20f. (City ar tawn) ctary, street, affice bldg., etc.) | (County) (State |
| ¥ p. m. 19 a | t work at wark | | |
| 21. I certify that (I) (this haspital) at | tended the deceased from. | NAY 8 1961, to MAY 2 | 1961, that (1) (-) los |
| saw the deceased alive on MAN | 24 1961, and that a | leath accurred a 227AM, from the causes | and an the date stated above |
| 22a. SIGNATURE | | | 22b. DATE |
| Edward a. Be | eman | M.D. PHYS. MED. STAFF | MAY24, 196 SIGNER |
| 22c. PHYSICIAN'S NAME (Type) | | | ORGIA AVE. |
| EDWARD | A. BEEMAN | SILVER SPRI | NG, MD |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY C | R CREMATORY 23d. LOCATION (City, town | n, ar caunty) (State) |
| Bur-Transit 5/27/61 | Elks View M | | |
| 24. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | gistrar's signature |
| Robert A. Pumphrey | Bethesda, Ma | ryl and | why S. Kraus |
| | | DATEMAY 25 '61 | JULIUM D. 1 Warner |

Although pend The same to the same to

FOR STATE HEALTH DEPT TO DEPUTATION EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5709

| USAIU | | | | 11.7.7.2 |
|--|--|--|--------------------------------|-----------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Whe | re deceasad lived, If institut | tion: Residence before admission) |
| e. COUNTY | | a. STATE | b. COUNTY | |
| b. CITY OR TOWN IF Suiside Exporeta lin | MARYLAND | c. CITY OR TOWN (If ourside | | -tintcomery- |
| write RURAL and give nearest town) | nits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If ourside | corporate limits, write RURA | AL and give heerest fown) |
| | 200 | 01. 71 | | 5 6 |
| d. NAME OF HOSPITAL OR INSTITUTION | (if not in hospital, give street eddress) | d. STREET ADDRESS | | e. IS RESIDENCE |
| | , and the state of | | | ON A FARM? |
| Suburban | | 691/ Seven Loc | le Road | YES NO |
| 3. NAME OF Fin | st Middle | Lest 4. DA | | Day Year |
| DECEASED (Type or print) | | OF | ATH | 40 |
| ml. and | Edward Hart | | Mass | 37 19 67 |
| 5. SEX 6. COLOR OR RAC | 7. MARRIED WINEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years IF UN | |
| | WIDOWED DIVORCED D | | 47 yrs. Moni | ths Deys Hours Min. |
| 10a. USUAT OCCUPATION (GIVE kind of wo | | May 27 1920 RY 11. BIKTHPLACE (State or foreign | | CITIZENI OF WHAT COUNTERN |
| done during most of working life, even if reti | | II. BIKINFLACE (State or foreign | i country | 2. CITIZEN OF WHAT COUNTRY? |
| | | 363 | 30-31177-11 | U.S.A |
| 13. FATHER'S NAME | | Mary and | | U a U a D |
| | | | | |
| Thomas Hart. 15. WAS DECEASED EVER IN U.S. ARMED FO | | Mary Harri | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FO | PRCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT | Address | |
| (Yas, no, or unkown) (Ifyesgivawarordeteso | (servica) | | | |
| | | Dorothy Hart (W | ife) Same as | alove |
| 18. CAUSE OF DEATH [Enter only or | ie causa per line for (a), (b), and (c).) | 1 1 | 1 1 | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | · (Dails | Messen Vial | Sugar Plan | SHISET AND DEATH |
| IMMEDIATE CAUSE (a | aceuro 1 | agonication of | hougher | my grate |
| 434.4 DUE TO | n Danie | N. O | 4111 | / / / |
| Conditions, if any, which | 1 Jugge aver | was norman | 10hlen | Usekano |
| gave risa to immadiata causa | (3/1 | 1/1 | 11 | . , |
| (a), stating the undarlying DUE To | (gha) | 1. /2 50 | /N | Much |
| cause lest. | are for | un mener | Mal | |
| PART II. OTHER SIGNIFICANT CONE | DITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISE | ASE CONDITION GIVEN IN | |
| 18 | | | | PERFORMED? |
| 5 | | | | YES NO |
| PART II. OTHER SIGNIFICANT CONE 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIPTION | 20b. DESCRIBE HOW INJURY OCCURED. (| Entar neture of Injury In Part I or Pert | II of item 18.) | |
| CAUSE OF DEATH. | | | | |
| | ear 20d. INJURY OCCURRED 20e. PLA | ACE OF IVILIES AND THE TOTAL | (Clive on house) | (C |
| 0 | | ACE OF INJURY (Homa, farm, 20f. | (City of fown) | (County) (State) |
| Hour a.m. | at work at work | | | |
| Print II | of the semains described above by | ald an Autoney 🔽 Incast | ion [], Inquiry [| 1 and in my entities |
| | of the remains described above, he | The second second | | , and in my opinion |
| death resulted from: Natural | causes , Accident , Suic | cide , Homicide , | Undetermined manner | r |
| 1 | 0 | CHIEF MEDICAL EXAMINE | R | |
| ACTUAL 1 | 1320-1 | | | Dame Arguin |
| SIGNATURE MELLES | 1 our renaut | M.D. ASSISTANT MEDICAL EXA | | DATE SIGNED |
| EXAMINER'S | | DEPUTY MEDICAL EXAMIN | IER X 5 ~ C | 31-61 |
| NAME (Typa) | D1 | Address (Street, city, town | | |
| 220. BURIAL, CREMATION, 226. DATE THE | REOF TO CHARTE NAME OF CEMETERY O | | CATION (City, town, or co | ountry) (Stata) |
| DE14003444 16 16 1 | Arlington Na | | lington, Va. | (orang) |
| Burial 6/5/61 | WLITIE COIL MA | OFATOTO 5 | Parte ages and | |
| 23. FUNERAL DIRECTOR | // ADDRESS | | GISTRAR 246. REGISTRA | R'S SIGNATURE |
| No Vert I | Rookville, M | d. Jun 7 | '61 100 | 04 |
| Hour of tun | will - | DATE JUN 7 | U Chichar | 7 S. Kraug |
| | | | | |

THE ARMS OF THE PASSED AND ASSESSED FOR THE PARTY. .at , challed ... is old in particular. 19/9/9 10/10/91 and the state of t

TO HOS. Geath. Par may be retained by the hospital or attending physician. Solution of the property of the prior to burial, remaining the prior of the prior to burial, remaining the permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, remaining, or removal, and in any eyent, within 72 hours after depart.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5789 CERTIFICATE OF DEATH 05780

| | 1. 2 | PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: Res | sidence belore admission) |
|---|---------------|--|---|---------------------------|
| 1 | | e. COUNTY | a. STATE , b. COUNTY | A Delote admission, |
| / | | Montgomery MARYLAND | Maruland Prince | George |
| | 1 | b. CITY OR TOWN (if outside competete limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporete limits, write RURAL end | give neerest lown) |
| Н | -7 | write RURAL and give naarast town) | Hyattsville 165 | 0 - 2 |
| 3 | | akoma Park 15 days | d. STREET ADDRESS | . IS RESIDENCE |
| | 41 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | 1 | ON A FARM? |
| | W | Ishington Sanitarium and Hasp. | 6900 23xd. Avenue | YES NO |
| | | NAME OF First Middle | Last 4. DATE Month | Day Yeer |
| Н | | DECEASED (Type or print) | II DEATH MAN | 5 19 61 |
| | | min. Sames illeane | Harrieu IIII | |
| 1 | 3. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YI last birthday) Months Da | Hours Min. |
| | N | ale white widowed Divorced | February 12, 1881 80 yrs. | 7.5 |
| | | . USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR | | EN OF WHAT COUNTRY? |
| | 8 | ne during most of working life, even if retired) | T | 10 |
| | | Exced Bank Clerk, Nat. Bk. of Wash, | District of Columbia U | J, H, |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | | Joseph Hartley | Emily Cook | |
| | 15. | WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | | |
| | (Ye | (1) (Ifyesgivewerordetes of service) 577-22-1600/ | 1.1 1 6 11 | 11 .1 10 |
| | - | 711-22-10,000 | ashington Sanitarium and | Hospitallecon |
| | | 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] | | ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) WIMA | | 2 weeks |
| | | 1111 | 10. | |
| | | DUE TO Conjecture heave | arelie | 5400 |
| | | Conditions, if any, which \ (b) Colonie juplonet | pels | 700 |
| | | gave rise to immediate cause DUE TO Alcolitus Milliff | w | V. |
| | | couse lest. | 7. | |
| | z | | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1: | (e) 19. WAS AUTOPSY |
| | CERTIFICATION | | | PERFORMED? |
| Н | \ | | | YES NO |
| | E | 2Da. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH | D. (Enter neture of Injury in Part I or Part II of item 1B.) | |
| | S. | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| | 7 | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | ACE OF INJURY (Home, farm, 1 20f. (City or town) (Count | y) (Stata) |
| | MEDICAL | | tory, street, office bldg., etc.) | , , (0.0.0) |
| | X. | p.m. 19 et work at work | | |
| | | 21. I certify that (I) (this hospital) attended the deceased from. | 4/2/ 1961 to 5/4 196 | L, that (I) (we) last |
| | | | t death occured at S.A.S.M., from the causes and on the | |
| | | | death occured ag., x. 4 M, from the causes and on the | |
| | | 22e. SIGNATURE | ATTENDING MED STAFF | 22b. DATE SIGNED |
| | | | A.D. PHYS. DIRECTOR PHYS. | 3/5/6/ |
| | | 22c. PHYSICIAN'S | 22d. ADDRESS | \ |
| | | NAME (TYP) WAYNE GLICKFIELD | 6826 KIGGS Rd Ne14TTS. | med. |
| | 220 | BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) | (State) |
| | 238 | REMOTAT TSpecify) | 77 7 7 7 7 7 1 | |
| | | burial 5/9/61 Nat.Mem.Par | | Virginia |
| | 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash | D C. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG | GNATURE |
| | ľh | A C U Trinor Co Occa alli -i | W DANAY 8 '61 Cuther & the | |
| 3 | | 70- 11-11 | - Cochair A. IL | AMAN |

Lawrence to select M A Carlotter of the State of the becoming on Survivana was been low the form of the same Ble Garnes , Marre Harriey & May of the is the summer of SHIND SIRM. Kenner Banz egere, het. Et. of weak Taber-tock Columbia Co. 4. Je seph Hartley Emily Cook Treeze-109 Washing for Edminar was and Hospitalisme Abilanto, comencatinto yestamber very men. call 160000 which was a time was the same and the same a

1/2

24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| - | | | 115727 |
|---------------|--|---|------------------------------------|
| 1. | PLACE OF DEATH e. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If institution, Re | sidence before edmission) |
| 1 | Montgomery/ MARYLAND | e. STATE D. C , b. COUNTY | |
| V) | b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporete limits, write RURAL end | give nearest town) |
| \mathcal{V} | Sakona Fark Iday | Washington 4- | 7 4 |
| 7 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street agdress) | d. STREET ADDRESS | e. IS RESIDENCE |
| | Washington Bant + Hospt. | 4840 FT. Totten dr. A | E YES NO M |
| . 3 | NAME OF DECEASED First Middle | // Lest 4. DATE Month OF | Dey Yeer |
| | (Type or print) Fern Callie 1 | Tarrey DEATH 5. | 31 1961 |
| 5 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | B. DATE OF BIRTH 9, AGE (In years IF UNDER 1) lost birthdey Months D | |
| | Fa: White WIDOWED DIVORCED | 8-24 - 1907 53 yrs. Months | Pays Hours Min. |
| 1 | 0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ | ZEN OF WHAT COUNTRY? |
| | HSWF. | Kansas | lmer. |
| 1 | 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | Spencer Mb boTI. | Fern Frather | |
| | 5. WAS DECEASED EVERIN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no, or unkown) (If yes give we rordetes of service) | INFORMANT Joseph C. Harvey | " - |
| | None | Husband. Da | me # 2 |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) | | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | ouk. | Zyhin. |
| | 2 A D X DUE TO | | |
| | Conditions, if eny, which (b) | | ALC: ALM |
| - | geve rise to immediate cause (e), stating the underlying DUE TO | , , | |
| | cause lest. (c) Ceatitle m | ellitus | |
| 2 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(e) 19. WAS AUTOPSY PERFORMED? |
| TATI | | | YES NO |
| CERTIFICATION | 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED |), (Enter nature of injury in Part I or Part II of item 18.) | |
| 3 | | | |
| MEDICAL | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLA | ACE OF INJURY (Home, ferm, 2Df. (City or town) (Coun | ty) (State) |
| MEDI | Hour e.m. While Not While p.m. 19 et work et work | tory, street, office bldg., etc.) | |
| | 21. I certify that (I) (this hospital), attended the deceased from | 5/30/61 , 19 , to 5/31/61 , 19 | , that (I) (we) last |
| | = | death occured at | |
| | 22e. SIGNATURE | deall occured arg | ,22b. DATE |
| | CIII/Any The | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. | 5/3/5 SIGNED |
| | 22c. PHYSICIAN'S | 22d. ADDRESS | 9/01/01 |
| | NAME (Type) A. W. SMITH | 13018 GEORGIA AVE WHI | FATON, MD |
| 2 | 30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county |) (Stete) |
| | Burial 6/3/61 Fort Lincol | n Ceme tery Prince Georges (| County Md. |
| 2 | 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25a. KEC'D BY REGISTRAR 25b. REGISTRAR'S S | IGNATURE |
| par - | 12/11 Ca 2001 1450 | Ne DATE JUN 1 '61 Colling S. | Thalla |

death. F. may be retained by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute

TO HOST

Mostle Storie - He Lott. cas stant our Joseph . D dawnol. AND THE SHARE WELLIAM AND A SHEET WAS THE vis/ul ... For almooln bearing things Georges County, ic.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5801 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY the d MARYLAND death. and b. CITY OR TOWN (if outside co LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL þ write RURAL and give neared ely filled in b irs. Pages 1 a hours after d stree address) completely papers. 3. NAME OF Middle DATE DECEASED OF (Typa or print) DEATH carbon withi 6. COLOR OR RACE 5. SEX IF UNDER 1 YEAR OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED pue last birthdas Days Months WIDOWED > physician Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retred) 12. CITIZEN OF WHAT COUNTRY? remove 10b, KIND OF BUSINESS OR INDUSTRY please affending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) 0 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) phy **DUE TO** Conditions, if any, which geva rise to immediata causa DUE TO (a), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING certificate hospital 95 use prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) for the After this (IF EITHER, NOTIFY MEDICAL EXAMINER detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 201. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be retaine DIRECTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from....... Felc. 1955 19.6./ that (I) (we) last should ...19.6./..., and that death occured at 6,164, the tauses and on the date stated above. saw the deceased alive on.......5 22a. SIGNATURE 0 ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) NAME OF CEMETERY OR CREMATORY 23dd LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE

IS RESIDENCE

ON A FARM? YES NO

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

(State)

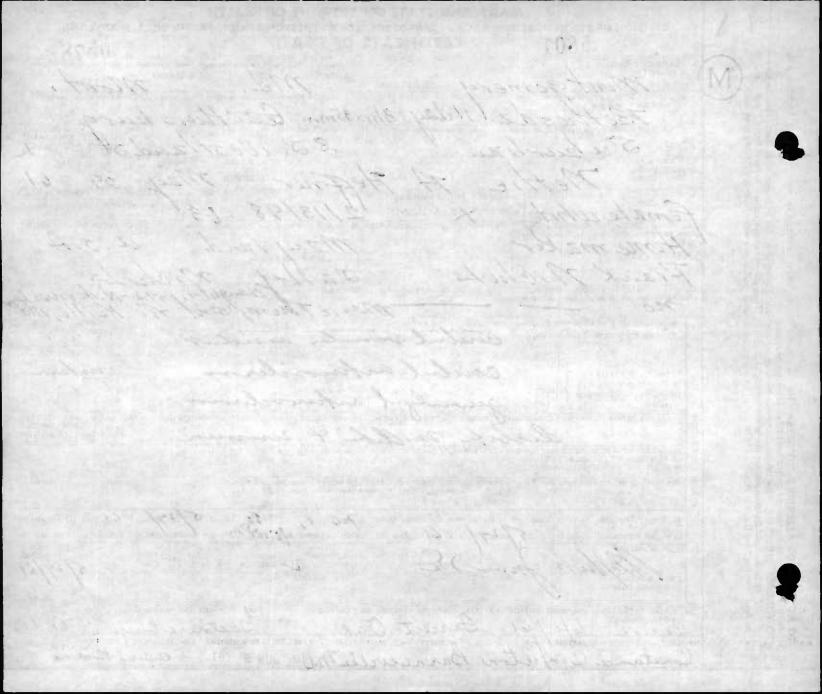
Chilmy S. Thous

DATE JUN 5

SIGNED

IF UNDER 24 HRS.

death. A TO FUNERAL I director, page 3 be filed with the VR A15 (4) 15M 9/60



LAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Film G287 5/19/61 1 wk 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY funeral director. Page e. STATE b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? be retained YES NO W NAME OF If an 2, and 3 to the DECEASED OF the (Type or print) DEATH with AGE (In years I UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED may age 5 may 1 and 2 will 72 hours last birthdey) Months Hours WIDOWED [DIVORCED USUAL OCCUPATION (Glya kind of work Page 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if getired in pencil in Item 18. Give Pages pages | 14. MOTHER'S MAIDEN NAME form WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service) permit. Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, il any, which e the certificate, writing the word "pending" geva rise to Immediate cause Examiner's rg DUE TO (a), steting the underlying as cause lest. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 cremati NO Y Medical Should 1206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TI or CONTRIBUTING TI CAUSE OF DEATH. Chief age 3 s 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. should be forwarded to the FUNERAL DIRECTOR: P. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry V and in my opinion agent, Natural causes Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ease exe NAME (Type) Addrass (Streat, city, town, or county) DE 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) its (Stete) REMOVAL (Specify) 940 May 16, 1961 Parklawn Cemetery Montgomery County Maryland Inc. 8434 Georgia Avenue 24a. REC'D BY REGISTRAR VS. A15ME 1 7 '61 Parmone a. Ziska Silver Spring. Maryland arthur S. Krase 5M 7/59 DATE

to provide the provide the second the many the state of the second seco SHAR TOWN - SELECTION OF THE STANK STANK The fire out to the first of the state of th The second secon the Country of the same Pictol Day 16, 1967 (1991 to value of the control o

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TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5803

| U | 5 | 7 | 9 | Appearance of the Person of th | |
|---|---|---|---|--|---|
| | | - | - | | , |

| - DIACE OF DEATH | | | | a usual prolomi | CF (144) | A 12 A 16 C - 45 A | 014 | 1 -6 | |
|--------------------------------|--|----------------------|--------------------|-----------------------------|-----------------------|---------------------------------|---------------|--------------|--------------------|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDEN o. STATE | CE (Where decease | b. COUNTY | | before damis | istonj |
| | Montgomery | | MARYLANI | Ma | ryland | 5, 000, 11, | Howa rd | | - |
| | (If outside corporate limi | its, write c. LEN | NGTH OF STAY IN 1 | | | orote limits, write F | | | vn) |
| RURAL ond give | | | 1 | | | | | 1 | J 36 |
| Derwood, | PITAL (If not in hospital, g | | 7 Months | H1 | ghland, l | 6 | | // oc | SIDENCE |
| OR INSTITUTION | VITAL (If not in hospitol, (| give street oddress; | 1 | d. STREET ADD | KESS | | | e. IS KE | A FARM? |
| An | mons Nursin | e Home | | | | | | YES [| NO |
| . NAME OF | Fig | 0 | Middle | Last | 4. DATE | Moi | nth | Day | Yeor |
| (Type or print) | | | | | OF DEATH | | | | 10 |
| | | ranklin | | Holland | DEATE | No. | Y | 19 | 19 61 |
| . SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years lost birthday) | | ays Hours | |
| Male | Col | WIDOWED | DIVORCED [| March | 31. 1899 | 62 yrs. | M.O.IIIIS D | uys Hoors | Will. |
| | TION (Give kind of work | done 10b, KIND C | OF BUSINESS OR IN | | | | 12. CITIZE | N OF WHAT | COUNTRY |
| during most of wo | orking life, even if retired |)) | | | | | | | |
| Labo | orer | | | | aryland | | U, | S.A. | |
| B. FATHER'S NAME | | | | 14. MOTHER'S MA | IDEN NAME | | | 1-1-1 | |
| , | Inn Ohner Wall | | | | 702 3 2 4 | | | | |
| | rafton Holl VER IN U. S. ARMED FOR | | L SECURITY NO. 17 | NFORMANT | Elizebei | Ade | iress | | |
| Yes, no, or unknown) | (If yes, give war or dates of | | SECORITI INO. | , ii ii Okimai ii | | 700 | | | |
| | | | | Mrs Laura | Wilson | Highland | _ Md | (S1 | ster) |
| IB. CAUSE OF D | EATH Enter only one co | ouse per line for (c | a), (b), and (c),] | | | | | INTERVAL B | ETWEEN |
| The second second | EATH WAS CAUSED BY: | | **** | T. 1. | | | 1/- 1011 | ONSET ANI | D DEATH |
| 1000 | IMMEDIATE CAUSE (|) | 501 | rario | 7 | | | | |
| 2.2 | DUE TO | | | | | | | | |
| Conditions, if | ony, which) " | | 1. V. | H | | | - 15. | ye | my |
| gove rise to | immediate | | | | | | | | |
| couse (o), statin | | 1. | h + | cion | | | | In Ithia | |
| lying couse las | <u>†.</u>) (c | | 0 60 100 | | | | | | |
| PART II. O | THER SIGNIFICANT CON | IDITIONS CONTRI | BUTING TO DEATH I | BUT NOT RELATED TO TH | E TERMINAL DISEA | SE CONDITION GI | VEN IN PART | (o) 19. WAS | ORMED? |
| PART II. O | | | | | | | | | NO P |
| | A/AC LINIDEDIVING TI | 206 DESCRIBE H | IOW INITIAL OCCU | RRED. (Enter noture of in | iury in Port I or Po | set II of item 1R) | | 1 | 3 |
| OR CONTRIBUTION | WAS UNDERLYING [] NG [] CAUSE OF DEATH | 200. DESCRIBE IN | IOW INJURT OCCU | KKED. (Enter notive of in | lots in control of co | ni ii oi nem io.j | | | |
| | FY MEDICAL EXAMINER) | | | | | | | | |
| 20c. TIME OF INJU Hour a. m | URY Month, Doy, Ye | ar 20d. INJURY | OCCURRED 20e. | PLACE OF INJURY (Hom | | ty or town) | (Co | unty) | (Stote) |
| Hour a. m | 1. 19 | | lot while | foctory, street, office blo | dg., etc.) | | | | |
| p, m | ı. ''y | at work of | t work | | | | | | |
| 21. I certify th | hat (I) (this haspita | I) attended th | e deceased fra | m 1960 | 12 ta | 5/19 | 1961 | , that (1) | (we) las |
| 1000 | - | 118 | | | 41 4000 | | | | |
| | ased alive an | 1 | and the | it death accurred a | IZM, Trom | the causes a | na an the | | |
| 220. SIGNATURE | | 01 | n | ATTENDING | MED | STAFF | | 2 | 2b. DATE SIGNED |
| Cu | umo | 1 Ce | wl | M.D. ATTENDING | MED. DIRECTOR | PHYS. | | | |
| 22c. PHYSICIAN'S | | | , | 22d. ADDRESS | | | | 0 | |
| NAME (Type) | Lucidu | 0 11 | Led 1 | 64 | the con | BUNG | · M | × | |
| | | | | | , , , , , | | | | |
| | ION, 23b. DATE THERE | OF 23c. I | NAME OF CEMETER | Y OR CREMATORY | 23d. LOC/ | ATION (City, town, | or county) | (Sto | ote) |
| REMOVAL (Special | E /02 | 109 | Hamlehme C | hanna a- | 1 | Habland . | 152 | | |
| FUNERAL DIRECTO | DES SIGNATURE | 01 | Hopkins C | hapel Cem | o. REC'D BY REGIS | lighland | ISTRAR'S SIGN | JATURE | |
| d'Il | The state of the s | / | V.V. | 11 \ 1 | 44414 | | JOINAN D DION | W. C. C. | |
| Nellert | of Whans | de | MUCharle | 4. M11. 01 | ATE MAY 29 | '61 C | William 8 | Harina | |

framel toward the law I would be to the law the contract of the contract o is the state of th 1 100 E3 POOL 10 density A.N. T. Company of the Company of th settem administra instic norters (western all the later) and and are Heavet Failure Hypertension 12 61/2 2-119 61 13. 8115 Commo 1 lead Grither Sung Mis Lucinac 1. Leal When I should have fleeted to mide will some the

FOR STATE HEALTH DEPT. TO DEPUT. EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any office please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of TEM4, or its designated agent, prior to burial, cremation, or removal, and in any examination 72 hours after death.

VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 115000

| 5804 | MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH |
|------|---------|-------------------|-------------|----------|

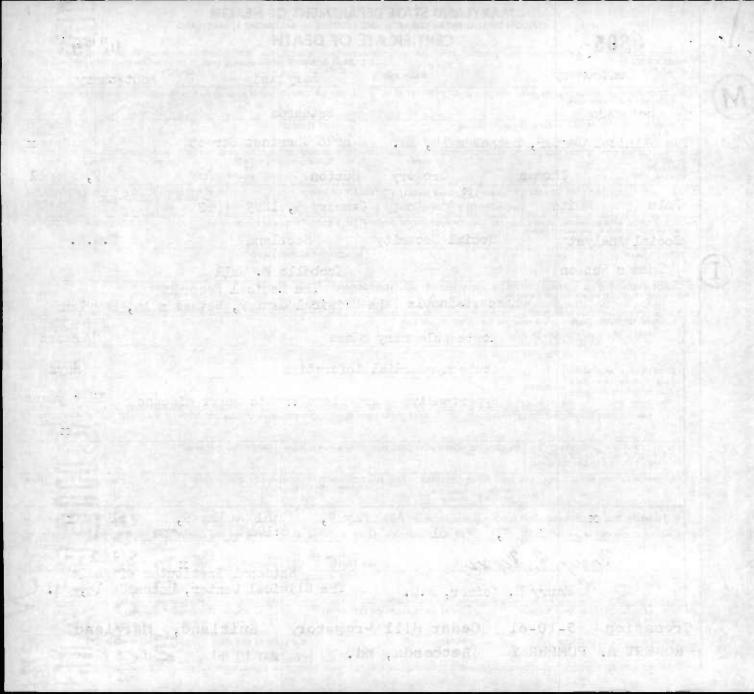
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|---|--------------------------------|---------------------------------|---------------------------|---------------------------|--------------------|----------------|-------------------------|
| 1. PLACE OF DEATH | | E MATERIAL STATES | 2. USUAL RESI | DENCE (Where dac | | | dence before edmission) |
| Mo | ntgomery | MARYLAND | | ryland | b. COUN | Montg | |
| b. CITY OR TOWN (if | outside corporate limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TO | WN (If outside corpor | rata limits, write | RURAL and gi | ve naarast town) |
| Kensing | giva nearest town) | hrs. | Kens | ington | | 35 | |
| d. NAME OF HOSPIT | AL OR INSTITUTION (if not in I | hospitel, give street address) | d. STREET ADDI | | | | IS RESIDENCE ON A FARM? |
| €004 I | lampdon St | | 4003 | Hampdon St | | 1 | YES NO |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE | Month | D | ey Year |
| (Type or print) | Howard | Ho | pkins | DEATH | May | 23 | 19 61 |
| 5. SEX | 6. COLOR OR RACE 7. MAR | RIED NEVER MARRIED 18 | . DATE OF BIRTH | 19. | | IF UNDER 1 YEA | |
| male | ool. WIDO | | Sept. 20. | 1900 | 60 yrs. | Months Dey | s Hours Min. |
| 10a. USUAL OCCUPATI | ON (Give kind of work 10b. | KIND OF BUSINESS OR INDUSTR | | | try) | 12. CITIZEN | OF WHAT COUNTRY |
| Tabores. | king life, even if retired) | | 162 | | | US | |
| 13. FATHER'S NAME | | | 14. MOTHER'S MA | IDEN NAME | | | |
| Unknov | m | | Carr | ie Hopkin | 3 | | |
| | R IN U.S. ARMED FORCES? 1 | 6. SOCIAL SECURITY NO. 17. | NFORMANT. | 7.0 | Address | - 04 | Vanadami |
| (1es, no, or unkown) | yesgive wer or delesorsarvice) | | ose Nicken | 15, 4005 | mampae | n Sue | Kensington, |
| 18. CAUSE OF D | EATH [Enter only one cause pe | or line for (e), (b), end (c).] | | | | | INTERVAL BETWEEN |
| | MAS CAUSED BY: | oromary Occlusio | on | | | | Sudden |
| 4701 | DUE TO | | | | | | |
| Conditions, if eny | | | | | | 1 0 | |
| geve rise to immedia | ete cause | | | | | | |
| (e), steting the ur cause last. | (c) | | | | | | |
| PART II. OTHER | | ONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE T | ERMINAL DISEASE C | ONDITION GIV | EN IN PART 1(e | |
| H1 | story of previ | ous heart deseas | | | | | PERFORMED? |
| 200. EXTERNAL CA | USE WAS 20b. DES | CRIBE HOW INJURY OCCURED. | Enter neture of injury i | in Pert I or Pert II of i | tem 18.) | | 1 |
| PART II. OTHER 20e. EXTERNAL CA PRIMARY or COI CAUSE OF DEATH. | NTRIBUTING [| | | | | | |
| | RY Month, Day, Year 20 | d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home | , ferm, ; 20f. (City | or town) | (County) | (State) |
| Hour e.m. | WI | hileNot While fect | tory, street, office bldg | | | | (1) |
| Print | 12 | vork at work | ald as Autonou E | lamantian d | The same | | |
| | _ | emains described above, he | | | | | nd in my opinion |
| death resulted for | rom: Natural causes | Accident , Suic | | | etermined m | anner | |
| ACTUAL | to 10 B | | | CAL EXAMINER | | | |
| SIGNATURE 4 | und J. 18. | 200 hanh | M.D. | MEDICAL EXAMINE | L-and | - 1 1 - | DATE SIGNED |
| EXAMINER'S NAME (Type) | Frank J. Brosol | hart | | DICAL EXAMINER 5 | | 5/23/67 | |
| 220. BURIAL, CREMATIO | | 22c. NAME OF CEMETERY OF | | 22d. LOCATIO | | | (Stete) |
| SEMOYAL (Specify) | 8 5/27/61 | Ash Memorial | | Sandy | Spring | , Md. | |
| 23. FUNERAL DIRECTOR | 000 | ADDRESS | | REC'D BY REGISTRA | AR 24b. REG | ISTRAR'S SIGN | ATURE |
| Taket | To Sunde | Rockville, M | DAT | JIIN 7 '61 | Ca | 12mg 8 to | -uA |

| | MINISTER ASSISTED AND AND AND AND AND AND AND AND AND AN |
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 58 | 05 | CERTIFICA | TE OF DEATH | | 05793 |
|---|--|--|---|---|---|
| a. COUNTY MO | ontgomery | MARYLAND | 2. USUAL RESIDENCE (WI | b. COUNTY | ion: Residence before admission) Montgomery |
| | N (If autside corporate limits, write e neorest town) esda | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF o | autside corporate limits, write R | 30 |
| OR INSTITUTION | SPITAL (If not in hospitol, give street) ical Center, Bet | Control - Contro | d. STREET ADDRESS 4626 Chest | nut Street | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Thomas | Middle Gregory | Hutton | 4. DATE Mor | Day Yeor 9, 1961 |
| 5. SEX Male | 1.71 - 2 4 - | RRIED A NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH January 5, 1 | 9. AGE (In years last birthday) 62 yrs. | Months Doys Hours Min. |
| Social | ATION (Give kind of work done 10 working life, even if retired) Analyst | b. KIND OF BUSINESS OR INDU Social Security | Scotl | and | U.S.A. |
| | s Hutton | | Isabella | M. Wall | |
| 15. WAS DECEASED | EVER IN U. S. ARMED FORCES? 1 (If yes, give war or doles of service) Unas | | | edical Records | |
| | DEATH [Enter only one couse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | line for (o), (b), ond (c).] Acute pulmonary | edema | | INTERVAL BETWEEN ONSET AND DEATH 1 hours |
| | o immediate | Acute myocardia | l infarction | | days |
| couse (o), stot lying couse le | ost. (c) | Hypertensive & | | | VEN IN PART 1(0) 19. WAS AUTOPS |
| CATIC | | ESCRIBE HOW INJURY OCCURRI | | | PERFORMED? YES A NO |
| | ING CAUSE OF DEATH | | | | |
| 20c. TIME OF IN Hour o. p. | m. Whi | · · · · · · · · · · · · · · · · · · · | LACE OF INJURY (Home, forn octory, street, office bldg., etc | | (County) (Sto |
| | eased alive an May 9 | | | | , 19_61, that (X (we) lo |
| 22c. PHYSICIAN | Harry R. Ker | nei | M.D. PHYS. D | | 5/9/61 SIGNI tes Of Health |
| NAME (Typ | narry R. | Keiser, M.D. | | | ethesda 14, Md. |
| 230. BURIAL, CREMA REMOVAL (Spe Cremati | cify) | Cedar Hill | Crematory Crematory | 23d. LOCATION (City, town, Suitland, | Maryland |
| 24. FUNERAL DIRECT | TOR'S SIGNATURE A. PUMPHREY | Bethesda. | 3/1 | | STRAR'S SIGNATURE |

TO HOSPI VR A15 (4) 15M 9/59



PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery New Jersey b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 68 days Whippany Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center 130 Parsippany Road YES NO pup NAME OF DECEASED 4. DATE Middle Month Year Pages DEATH 19 6] death (Type or print) Joseph Izvkowicz May Edwa rd IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) after Months Days DIVORCED [March 25.1926 WIDOWED [Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) New Jersey USA Truck Driver 72 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 9 George Izykowicz Anna Sharry remave 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Clinical Center. Bethesda ll. Maryland No please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Open heart surgery with total replacement of aortic valve DUE TO Aortic valvular insufficiency 4-5 months permit. Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-Subacute bacterial indocarditis and Rheumatic vears lying couse last buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY crematian, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) certificote 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) use to b Hour o.m While Not while of work of work hed far 21. I certify that (I) (this haspital) attended the deceased fram February 23, 161 19 61, and that death accurred at 2: OMP from the causes and an the date stated above. saw the deceased alive an detoch 220. SIGNATURE 22b. DATE SIGNED ATTENDING pe of M.D. 22c. PHYSICIAN'S Clinical Center shauld AME (Type) James L. Talbert Institutes of Health 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) page the St Burial-Transit St. Marys Cemetery Whippany, New Jersey 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR Bethesda, Maryland Robert Pumphrey DATE MAY

the 2 E filled pup physician attending been signed attending physicion

P After DIRECTOR: FUNER, 0

VR A15 (4) 1SM 9/59

common leginiti all Toler and an analysis of the state of the st E . 1926 3 vector spil -k buche Lorent eq. Dougles of Land Charton, Commer, God Stock 10, Largiand The late of the second the state of the s LBurist-Mannell 5/5/31 St. Marra Catatag Whitehart Margaret Missis VI sommers Retheads, Varyland

| 1 | - | M |
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| | | Division of STATISTICAL RE |
| FOR STATE | | 2801 WEDIG |
| EALTH DEPT. | | PLACE OF DEATH |
| 5 | 710 | · Montamer () |
| ून विश्वास् | | b. CITY OR TOWN (if outside corporete fimits, write RURAL and give neered Town) |
| or or | - | Takoma Park |
| and 3 to the funeral director may be retained for your 2 with the State Board of L ours after death. | 4 | d. NAME OF HOSPITAL OR INSTITUTION (IF no |
| unera ned f ate B th. | ilc. | washington San |
| Stalleath | 3. | NAME OF DECEASED A ! Novell |
| to the be ret he the the the the the the the the th | | (Type or print) |
| d 3 to by by with seft | 5. | SEX 6. COLOR OR RACE 7. |
| and may 2 wi | | T W W |
| 2, 2, 10 5 5 hd 2 hd | | ne during most of working life, even if retired |
| - 01 | | A- HSUT |
| Give Peges m PM3. Parile pages 1 | 13. | FATHER'S NAME |
| Sa a T | | George U |
| Se de la companya de | 15. (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES |
| | | no |
| | | 18. CAUSE OF DEATH [Enter only one cause |
| pencil in ice along ial-transit al, and in | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) |
| al, a | | 420·1 DUE TO |
| 6 를 본 크· | | Conditions, if any, which (b) |
| ding" as a by | | geve rise to Immediate causa (e), slating the underlying DUE TO |
| mine ed a | | causa last. (c) |
| writing the word "pending" Chief Medical Examiner's (age 3 should be used as a to to burial, cremation, or rem | NOL | PART II. OTHER SIGNIFICANT CONDITION |
| dical E | 2 | Callapsel in 1 |
| the wo Medica should ial, crem | CERTIFICATION | 2De. EXTERNAL CAUSE WAS 2Db. PRIMARY OCCONTRIBUTING |
| ning the same of t | 1 | CAUSE OF DEATH. |
| writing Chi | MEDICAL | 20c. TIME OF INJURY Month, Day, Year Hour e.m. |
| | ME | p.m. 19 |
| 200 5 | | 21. I certify that I took charge of the |
| RECT agent, | | death resulted from: Natural cause |
| forwar forwar L DIR sted ag | | 1000000 |
| forw forw I Di lated | E | SIGNATURE Should |
| xacuted be for ERAL | | EXAMINER'S EL 1 (1) 7 |
| Should FUNE | 228 | NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF |
| | | REMOVAL (Specify) 6/7/67 |
| ₽40 p | 23 | MATTAT |
| S. A15ME 5M 7/59 | n | The S.H. Hines Co.W |
| JIN 7/39 | | THE THIES OF W |
| | | |

ARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence MARYLAND ontgomero c. LENGTH OF STAY IN 16 IS RESIDENCE in hospital, give street eddress) ON A FARM? YES NO P DATE Month Dey James DEATH 19 0 9. AGE (In years | fF UNDER 1 YEAR lest birthdey) 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAM Son 16. SOCIAL SECURITY NO. | 17. INFORMANT e per lina for (a), (b), and (c). ONSET AND DEATH IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V wom as DESCRIBE HOW INJURY OCCURED. (Enter neture of fnjury in Part I or Part fl of item 18.) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) While __Not While factory, street, office bldg., etc.) at work | et work | e remains described above, held an Autopsy 1 Inspection . Inquiry X and in my opinion Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Congressional Cemetery Washington, D.C. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 901 170 th St. N.W. Colling & Those '61 DATE WIN 1 ashington 9. D.C.

funeral n 24 hours after death. P.C. may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any everythin 72 hours after death.

VR A15 (4) 15M 9/60

| | | MARYLAND | STATE | DEPARTMENT | OF | HEALT |
|---|--|----------|-------|------------|----|-------|
| - | | | | | | |

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH U5796

| 1. PLACE OF DEATH | H | \$c | | CE (Where decessed lived, If institution: Re | esidence belore edmission) | | |
|--|------------------------------------|----------------------------|--|--|----------------------------|--|--|
| Montgomery Maryland | | | Maryland Mont. | | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | |
| Bethesda 3 days | | | 54 Che | vy Chase 15 | | | |
| | TAL OR INSTITUTION (if not in hos | | d. STREET ADDRESS | 4,7 -120.00 2.7 | . IS RESIDENCE | | |
| 7 Sub | urban | | 7104 Beechwood Drive | | | | |
| 3. NAME OF | First | Middle | Last | 4. DATE Month | Day Yeer | | |
| (Typa or print) | None | - | -landie | OF DEATH | 15 19 61 | | |
| 5. SEX | 6. COLOR OR RACE 7 MARRIE | a E survet survet I B | . DATE OF BIRTH | 9. AGE (In years IF UNDER 1 | | | |
| _ | , make | THE TER MARKIED | 2 2 - /42 | lest birthdey) Months D | Deys Hours Min. | | |
| F'emale | White WIDOWE | | 3/17/83 | 78 yrs. | | | |
| | ION (Give kind of work 10b. K | IND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Cour | ity & State, or foreign country) 12, CITI | ZEN OF WHAT COUNTRY? | | |
| none | | | Waterville | . Ireland U.S | 6.A 50 yrs. | | |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | | |
| John Ouli | han | | Joanna F | oley | | | |
| | ER IN U.S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. 1 | NFORMANT | Address | | | |
| no no, or unkown) (1 | Tryasgive wer or detes of service) | Dane W | F Janvie (e | on) Bloomfield Hills | . Mich | | |
| | EATH (Enter only one cause per l | ine lor (e), (b), and (c). | · oar vis (s | on) productiond utility | INTERVAL BETWEEN | | |
| | H WAS CAUSED BY: | 9 0 21 | D | | ONSET AND DEATH | | |
| 00. | IMMEDIATE CAUSE (e) | ar al d | emontage | | + du | | |
| 33/X | DUE TO | - A 0 | | | | | |
| Conditions, if eny | (-) | ulenosele | non | | + years | | |
| geva rise to immed | DUE TO | | | | | | |
| (a), steting the u | Indertying | | | | | | |
| | R SIGNIFICANT CONDITIONS CON | TRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVEN IN PART | 1(e) 19. WAS AUTOPSY | | |
| 2 | | | 7 | | PERFORMED? | | |
| <u> </u> | Dulmone | Imbercul | ليحام | | YES NO | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPED PERFORMED? YES NO SOURCE OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUT | | | | | | | |
| ZOC. TIME OF INJU | JRY Month, Dey, Year 20d. | INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, fare | m, 20f. (City or town) (Cour | nty) (State) | | |
| 20c. TIME OF INJU- | While 19 et wor | Not While lect | ory, street, office bldg., etc |) | | | |
| 21. I certify t | that (I) (this hospital) atten | ded the deceased from. | Fely S | 1961, 10/19 19 196 | that (1) (we) last | | |
| saw the deceas | al . | | 6 | | | | |
| 22e. SIGNATURE | sed anve on | and mar | deam occured al | ALM, HOIII HIS COUSES SHO OII II | 22b. DATE | | |
| 220. 3131741311 | X. Rud | M | | MED. STAFF DIRECTOR PHYS. | 5-15-61 | | |
| 22c. PHYSICIAN'S | | 7 | 22d. ADDRESS | | | | |
| NAME VIYPE | R. Raedy | | 3701 1 | eland ST Chev | y Chase Mil | | |
| 238. BURIAL, CREMAT | ION, 236. DATE THEREOF | 23c. NAME OF CEMETERY | | 23d. LOCATION (City, town or county | (State) | | |
| Burial St cify | 6-17-61 | Mt. Olivet | Cemetery | Washington, D |) . C . | | |
| 24 FUNERAL DIRECTOR | | ADDRESS | | C'D BY REGISTRAR 256, REGISTRAR'S S | SIGNATURE | | |
| ROBE | RT A. PUMPHREY | Bethesda, | Md. DATE | IAY 19'61 Cuthun S. | Kraus | | |
| | | | | | | | |

Mouth fidure. Effect Check 15 aview commands with MARVIS NOW 12 21 8/12/8 . and of 1.P.U homest collevers. Burialt 6-17-61 Mt. Whivet Cemetery Westington, B. C.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Days

ILS.A.

(County)

19.61, that (1) (we) last

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

hour

PERFORMED?

YES NO TY

22b, DATE

SIGNED

(State)

YES NO

Year

1967

il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Montgomerv Virginia funeral CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) shauld lver Spring 8 Months Falls Church d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 20 eDeau Gardens Nursing Home 906 Crutchfield Stree pup = NAME OF First Middle 4. DATE Month filled DECEASED (Type or print) Rertha Pages death. DEATH Johnson Mav 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED lost birthdoy) Months ofter a WIDOWED X DIVORCED 83 June 11, 1877 papers. Femmle White a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? haurs during most of working life, even if relired) pup Sweden pou Housewi fe Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remave cark _= with Anderson Unknown Unknown 17. INFORMANT 906 Crutchfield Street WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. event offending NO Mr. Carl F. JohnsonFalls Church. Va. please any 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: Respiratory IMMEDIATE CAUSE (o) **DUE TO** g m. Candilions, if ony, which Lobar Pneumonia, Left burial-transit permit remava gove rise to immediate DUE TO cause (o), stoting the underlying cause last. Heminaresis 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, attending phy ertificate has k 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate the JO. OS MEDICAL 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc. use to b Hour a.m While Not while this ol work at work hospital After this for 1961 . ta_ 21. I certify that (1) (this haspital) attended the deceased fram. April May 11 detached 1961, and that death accurred at 9_3M, from the causes and on the date stated above saw the deceased alive anMay 22a. SIGNATURE

DIRECTOR: py pe should FUNERAL F page the Sto 0

death. Page

death

physician.

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Board

22c. PHYSICIAN'S

NAME (Type)

arimond a ZIEKA

61Pittsfield buria15/12/61-24 FUNERAL DIRECTOR'S SIGNATURE Warner E. Pumphrey

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Silver Spring, Maryland

Thibadeau,

Inc. 8434 Georgia Avenue

ATTENDING PHYS.

22d. ADDRESS

MD

23d. LOCATION (City, town, or county)

STAFF PHYS.

Pittsfield, Massachesets 25o. REC'D BY REGISTRAR

DMAY 1 5 '61

MED. DIRECTOR

25b. REGISTRAR'S SIGNATURE Circles S. Kraus

Concord Street

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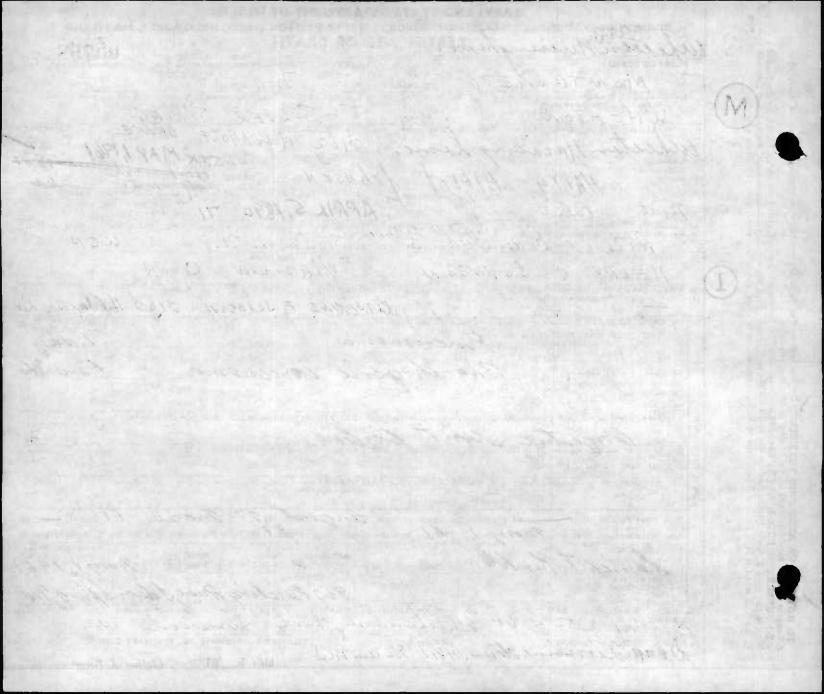
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after the death.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected to the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected to the state Dept.

| | MARYLAND STATE DI | EPARTMENT OF HEALTH | |
|---------------|---|--|---|
| | DIVISION OF STATISTICAL RESEARCH AND RECORDS | | ALTIMORE 1, MARYLAND |
| 11 | Geelen Nurseng MINEERTIFICAT | E OF DEATH | 05798 |
| 1. | PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceas | ed lived, If institution: Rasidence before edmission) b. COUNTY |
| | MONTGOMERY MARYLAND | ma. | Mont 5 m r/ |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate | limits, write RURAL and give naerast town) |
| _ | d. NAM) OF HOSPITAL OR INSTITUTION (if not in hospital, give bireet eddress) | A STREET ADDRESS | DRING 0. IS RESIDENCE |
| 1 | ulatyl ' | 7102 HILDAROSI | ON A FARM? |
| 3. | NAME OF First Pirst Middle | Lest 4. DATE S. | TK Month AY 1,196 YES NO M |
| | DECEASED (Type or print) //A D & C. A LT of | PANSON OF DEATH | 1984 3th 19/1 |
| 5. | SEX 8. COLOR OR MACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AC | E (I years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Male lalite WIDOWED DIVORCED | APRIL 5,1890 7 | t birthdey) Months Deys Hours Min. |
| | USUAL OCCUPATION (Give kind of work and during mass of working life, even if religed) | RY 11. BIRTHPLACE (County & Stele, or forei | gn country) 12. CITIZEN OF WHAT COUNTRY |
| | Retered Claim adjuster | Showers mo | ce s A |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME VIRGINIA | CORR |
| 15 | | INFORMANT | Address |
| | s, no, or unkown) ((fryes give wer or detes of service) | THERINE F JOHNSON | 1/11 |
| - | 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] | THEATTE TO WAS OFF | I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | ma | ONSET AND DEATH |
| | DUE TO | , | aug |
| | Conditions, if eny, which \ (b) Branchocce | nu landnom | a smouth |
| | geve rise to immediate cause (e), stating the underlying DUE TO | | |
| | ceuse lest. (c) | | |
| NO L | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | TOT RELATED TO THE TERMINAL DISEASE CON | PERFORMED? |
| CERTIFICATION | 200. ACCIDENT WAS ANDERLYING 20b. DESCRIBE HOW INJURY OCCURE | D. (Enter natura of injury in Pert I or Part II of i | YES NO |
| CERTI | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | S. (Eller helde of missy in four for fail it of | |
| | 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. Pt | ACE OF INJURY (Home, ferm, 20f. (City or | own) (County) (State) |
| MEDICAL | Hour a.m. While Not While to work to twork | ctory, street, office bldg., etc.) | |
| | 21. I certify that (I) (this hespital) attended the deceased from | Gengles, 1957 10.1 | 196 (, that (1) (we) las |
| | saw the deceased alive on | at death occured a | e causes and on the date stated above |
| | 228. SIGNATURE | | TAFF 22b. DATE |
| | NICE SCHOOL IN THE SECOND | M.D. PHYS. DIRECTOR P | HYS. 1 may 1, 196 |
| | 22c. PHYSICIAN'S NAME (Type) | 9. 7 Possehiar & | sinc Solida lains he |
| 23 | BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATIO | ON (City, town or county) |
| 1 | | long church Lane | view Va |
| 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE |
| | Deal Frenchal Hours 4812 Da | Car 21CU DATE MAY 5 161 | Chilling & Klasses |
| | | | |



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fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

| DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND | | | | | | | | |
|--|--|--|-------------------|-------------------------|---|-----------------------------|------------------------|----------------------------------|
| | 581 | 1 | T | CERTIFIC | ATE OF DEATH | 5/8/67 | · U | 5799 |
| | PLACE OF DEATH | 1 | | | O STATE - | here deceased lived. If in | stitution: Residence b | perfore admission) |
| | MIC | ontgom | 10/1 | MARYLANI | 183 |) IT. St. | Mry. | 47X-5 |
| | b. CITY OR TOWN (| (If outside corporate nearest town) | limits, write | c. LENGTH OF STAY IN 1 | c. CITY OR TOWN (IF | outside corporate limits, w | rite RURAL ond give | nearest town) |
| J | d. NAME OF HOSPI | | O - | ddease | d. STREET ADDRESS | raton | 1).0 | e. IS RESIDENCE |
| | OR INSTITUTION | LAL (IF NOT IN NOSPIT | a L | Son L. | 57216 | eros venod | Lone. | ON A FARM? |
| 3 | NAME OF | 0//105 | First | Middle | Lost | 4. DATE | Month | Day Yeor |
| | NAME OF DECEASED (Type or print) | Samue | 2/A. | John | Son | OF DEATH | ay | 2 1961 |
| 5. | SEX /- | 6. COLOR OR RA | | ED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In lost birth | doy) Months Do | EAR IF UNDER 24 HRS |
| 10- | riole | Whit | WIDOWEL | Qu.A. | Hagust 2 | 2 18/0 70 | yrs. | OF WHAT COUNTRY |
| 100 | during most of wor | rking life, even if re | tired) | CIND OF BUSINESS, OR IN | | | 12.011261 | OF WHAT COUNTRI |
| 13. | FATHER'S NAME | quer | ne | tired | 14. MOTHER'S MAIDEN | | U, | S.A. |
| | Fro | dariet | Toka | masan | UN | H NOWN | | |
| | WAS DECEASED EVE | | | OCIAL SECURITY NO. 17 | INFORMANT. | 1 10 | Address | washala |
| (Ye | s. no, of unknown) | (If yes, give war or date | es of service) | NONE | Astrid 0 | Highfield | d , 1830 | RSY NV |
| | 18. CAUSE OF DE | ATH [Enter only or | ne couse per line | for (o), (b), and (c).] | | | 1-0 | INTERVAL BETWEEN |
| | PART I. DE | ATH WAS CAUSED IMMEDIATE CAUS | BY: SE (o) | YPOTEN | STON + KES | PIRATORY | HRKEST | 5 MINS. |
| | 600 Conditions, if | | E TO | UREMI | A | | | 6 MONTAS. |
| | gove rise to | immediate (| (b) | 7 0 1/ 1 | D | | | 10 |
| | lying couse lost. | The Under- | (c) C | HRONIC | TYELONE. | FARI TIS | | IL YEARS. |
| NO. | PART II. OT | HER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TER | MINAL DISEASE CONDITIO | N GIVEN IN PART 1 | o) 19. WAS AUTOPSY PERFORMED? |
| CAT | PROSTA | TIC CA | RCINON | MA ; GENER | ALIZED ARTE | RIOSCLEROSI. | 5 | YES NO |
| CERTIFICATION | OR CONTRIBUTING | 'AS UNDERLYING C G CAUSE OF DEAY MEDICAL EXAMIN | ATH | RIBE HOW INJURY OCCU | RRED. (Enter noture of injury in | Port I or Port II of item 1 | B.) | |
| MEDICAL | 20c. TIME OF INJU Hour o. m. | RY Month, Doy, | While | Not while | PLACE OF INJURY (Home, for foctory, street, office bldg., e | | (Cou | nty) (Stote |
| × | p. m. | | of work | | C-PT III . | SK MAY | 161 | |
| | | | otal) attende | ed the deceased fra | .P) | 20 ta 11/1/ | | , that (I) (we) las |
| | saw the deced | sed alive on Z | 112 | 19.01., and tha | t death accurred ats | M, fram the cause | s and an the d | 22b, DATE |
| | | 47992h 4 | (Con | not | M.D. PHYS. | MED. STAFF | Ma | 12 19 SIGNET |
| | 22c. PHYSICIAN'S NAME (Tipe) | JUSEP! | + D. C | CONNOR, 1 | 10. 9420 02 | D GEORGE? | THE ROB | ETHESDA, |
| 230 | BURIAL, CREMATION REMOVAL (Specify | ON, 236, DATE/TH | EREOF | 23c. NAME OF CEMETER | Y OR CREMATORY | 23d. LOCATION (City, | own, or country | (Stote) |
| 24 | FUNERAL DIRECTOR | R'S SIGNATURE | , Q. 12 | to ADDRESS PAR | STAW 250. RE | C'D BY REGISTRAR 256. | REGISTRAR'S SIGNA | S. Krous |

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5812 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If institution: H a. COUNTY a. STATE b. COUNTY by the and 2 death b. CITY OR TOWN (if outside-corporate limits, write RURAL and give nearest town) MARYLAND marulano c. CITY OR TOWN (If outside corporata limits, write RURAL and give/nearast town) c. LENGTH OF STAY IN 1b filled in Pages NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give streat address) completely papers. 3. NAME OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years lest birthdey) and Months WIDOWED A 1Db. KIND OF BUSINESS OR INDUSTRY 17. BIRTHRACE (County & State, or foreign country) physician гетоме 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife. Ireland Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending 17. INFORMANT Ireland Unknown Ireland
16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? loval, (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mrs. Harold D. Brockwell the No No NONE 10,033 Dallas Ave, Silver Spring, Mary and BETWEEN PART I. DEATH WAS CAUSED BY: physic signed IMMEDIATE CAUSE (e) burial-transit DUE TO ending Conditions, if any, which been gave rise to immediata cause DUE TO (e), stating the underlying Nospital or an certificate hat PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY as Prior 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ined by 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Year Not While fectory, street, office bldg., etc.) While et work et work may be retaine DIRECTOR: / 21. I certify that (I) (this hospital) attended the deceased from Mlin 61, and that death occured 2025M, from the causes and on the date stated above. saw the deceased alive on Mu 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS. director, page be filed with the FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) 0 May 23, 1961 Parklawn Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE WATHER E. PUMPPER L. 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Seorgia Ave

RYLAND STATE DEPARTMENT OF HEALTH

Montgomery County, Maryland

(County)

montamerica

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e. IS RESIDENCE ON A FARM? YES NO A

IF UNDER 24 HRS.

U.S.A.

ONSET AND DEATH

PERFORMED?

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(Stete)

22b. DATE

(State)

SIGNED

Hours

12. CITIZEN OF WHAT COUNTRY?

Md. DATE MAY 2 6 '61

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5813 CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) |
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| a. STATE b. COUNTY |
| c. CITY OR TOWN (If outside corporate limits, write RURAL and give no lest town) |
| ~ 3 |
| Silver Spring, |
| d. STREET ADDRESS a. IS RESIDENCE ON A FARM? |
| OF E WILLIAM A . OOF YES NO |
| Last 4. DATE Month Day Yeer |
| OF TO THE TOTAL TOTAL TO THE TH |
| Hay 10, |
| 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Is st birthday) Months Deys Hours Mig. |
| May 18, 1961 yes. 3 1.8 |
| RY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Manual and |
| Maryland America |
| 14. MOTHER'S MAIDEN NAME |
| Molina Ellen Smith |
| INFORMANT Address |
| father |
| I INTERVAL BETWEEN |
| ONSET AND DEATH |
| n ta hull (Fi |
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| OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| YES X NO |
| D. (Enter netura of injury in Part I or Part II of item 18.) |
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| ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) |
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| , 19, to, 19, that (!) (we) last |
| |
| t death occured atM, from the causes and on the date stated above. |
| ATTENDING MED. STAFF SIGNED |
| M.D. PHYS. DIRECTOR PHYS. 5-18-61 |
| W.D. |
| 22d. ADDRESS |
| 22d. ADDRESS |
| 22d. ADDRESS 10620 Georgia Ave., Silver Spring, Md. |
| 22d. ADDRESS 10620 Georgia Ave., Silver Spring, Md. OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| 22d. ADDRESS 10620 Georgia Ave., Silver Spring, Md. OR CREMATORY 23d. LOCATION (City, town or county) (State) nitarium and Hospital. Takoma Park, Maryland |
| 22d. ADDRESS 10620 Georgia Ave., Silver Spring, Md. OR CREMATORY 23d. LOCATION (City, town or county) (State) nitarium and Hospital, Takoma Park, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| 22d. ADDRESS 10620 Georgia Ave., Silver Spring, Md. OR CREMATORY 23d. LOCATION (City, town or county) (State) nitarium and Hospital. Takoma Park, Mar J and |
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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| | PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) |
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| 1 | a. COUNTY MARYLAND B. STATE MARYLAND B. COUNTY MARYLAND |
| ŀ | b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b) c. CITY OR TOWN (Woutside corporate limits, write RURAL and give neerest town) |
| 1 | write BURAL end give hearest town |
| - | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give style) address) d. STREET ADDRESS , e. IS RESIDENCE |
| | ON A FARM? |
| | JUBUSTAN GT 20-18 37YELL YES NO |
| | NAME OF First Middle Lest 4. DATE Month Day Year DECEASED OF |
| | (Type or print) (harles W. Jones DEATH /// 24 196/ |
| | SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 1 | M2 Lo Ulhito WIDOWED DIVORCED 10/4/17 Pest Tribdy) Months Days Hours Min. |
| 1 | 08. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | done during most of working life, even if retired) |
| - | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 11/2 U. D'IT |
| | 3. FATHER'S NAME |
| | Jamuel alones. Many |
| | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (Iffyes give were relates of service) |
| | 711 217-03-36357/113 15510/10 Some 5/ 10 de de de |
| - | 18. CAUSE OF DEATH Enter only one cause per life for (e), (b), and (c) |
| | PART I. DEATH WAS CAUSED BY: |
| L | IMMEDIATE CAUSE (a) Cultural Infails you |
| | 532 X DUE TO form herred 4 Menach |
| | Gonditions, if any, which geve rise to immediate ceuse |
| | (a), stelling the underlying DUE TO |
| | couse lest. (c) Correcting Corrections and Miller Charles |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| | YES NO 🖸 |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSPY YES PROFORMED? YES NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Part II of Item 18.) III ETITIER. NOTIFY MEDICAL EXAMINER! |
| 4 | OR CONTRIBUTING CAUSE OF DEATH |
| | 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) |
| | Hour a.m. While Not While |
| | |
| Т | 21. I certify that (I) (this hospital) attended the deceased from |
| L | saw the deceased alive on |
| 1 | 228. SIGNATURE 226. DATE, SIGNED. STAFF 226. DATE, |
| 1 | M.D. PHYS. DIRECTOR PHYS. |
| | 22c. PHYSICIAN'S 22d. ADDRESS |
| 1 | NAME (Type) fell DANISH 927 (lesking of blown from he |
| - | 30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| | Burial 5/27/61 Reformed Church Cem. Shephardstown, W. Va. |
| - | 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE |
| | Pohent A Pumphray Rothoeda Maryland |
| 1. | Robert A. Fumphrey Bethesda, Flatyland DATE MAY 29 61 O. Ph. S. Kraus |
| | |

There was no first to seest it is me the I'll The see 20-03-3037 Hat Eatethe Lone of The Burlal 5/77/al afformed Church Cem. Sher ardstown. U. Va.: Robert A. Rumphrey Bathasda, Maryland 2 on with Carrey St.

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| Ci S | ole | and | |
| per d | 90 | - E | |
| ino | 5 2 | 20 | |
| ng, | 2 5 | 100 | |
| cat | nine. | 0 | |
| T. d. | Xan | ion | |
| ord o | m 4 | mateu | |
| Is necessary writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pag | Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. | to burial, cremation, or removal, and in any event within 72 hours after death. | |
| The the | Me | alf. | |
| INI | o s | bur | 1 |
| Wri | U | 0 0 | * |

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5815 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5815

| 1. PLACE OF DEAT | Н | | | 2. USUAL RESID | ENCE (When | e decessed lived, if | institution: Re | sidence before | edmission |
|--|----------------------------|--|--------------------------|-----------------------------|-----------------------|-------------------------|-----------------|------------------|-----------|
| e. COUNTY | ntgomery | | MARYLAND | a. STATE | formal and | b. COUN | | | |
| | (if outside corporete lim | oits. e | LENGTH OF STAY IN 16 | | MATY Lan | corporete limits, write | MOI | rtg. | laur |
| | d give nearest town) | | | V | | corporore minis, with | NONNE GIO | give ileeresi io | ** 117 |
| | ITAL OR INSTITUTION | (if not in hospita | al. give street eddress) | d. STREET ADDR | | | | La IS I | RESIDENCI |
| | | | ., g., | 1 1 | | | | ON | A FARM |
| The same of the sa | ohnson Dr. | | | 1124 John | ison Dr | • | | YES | NO |
| 3. NAME OF DECEASED | Firs | t | Middle | Lest | 4. DAT | TE Month | 7 | Dey Yes | er |
| (Type or print) | Mar | • | | Jones | DEA | TH May | 31 | 19 | 41 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In yeers | IF UNDER 1 Y | | R 24 HRS. |
| female | ool. | WIDOWED [| | Sept. 20. | 1883 | last birthdey) | Months Da | ays Hours | Min. |
| 10a. USUAL OCCUPA | | | OF BUSINESS OR INDUS | | | 1 1 1 1 1 | 12. CITIZ | EN OF WHAT | COUNTRY |
| none during most of we | orking life, aven il retir | ed) | | Vanada | | | *** | | |
| 13. FATHER'S NAME | | | | Virgir | | | US | 4 | |
| | 7 | | | | | | | | |
| | Jnknown | neres lar ee | | Unknow | m m | | | | |
| 1S. WAS DECEASED EN (Yes, no, or unkown) (| Ifyesgive werordetesol | service) | CIAL SECURITY NO. 17. | INFORMANT | | Address | | | |
| | | | | Emily Har | rriday, | Rockville | , Md. | | |
| 18. CAUSE OF | DEATH [Enter only on | e cause per line | for (e), (b), end (c).] | | | | | INTERVAL BE | |
| PART I. DEAT | H WAS CAUSED BY | Co | ronary coclu | mion. | | | | ONSET AND | |
| 1100 | | | , , , , , , | | | | | sudd | ION |
| 420. | DUE TO | , | | | | | | | |
| Conditions, if engage rise to immed | |) | | | | | | | - |
| (e), steting the | PALIE TO | | | | | | | | |
| cause last, |) (c | | | | | | | | |
| PART II. OTHE | R SIGNIFICANT COND | TIONS CONTR | BUTING TO DEATH BUT N | OT RELATED TO THE TE | RMINAL DISEA | SE CONDITION GIV | EN IN PART 1 | | |
| TA I | | | | | | | | YES T | DRMED? |
| 20a. EXTERNAL C | AUSE WAS | ON DESCRIBE | HOW INJURY OCCURED. | (Enter nature of Injury In | Part Lor Part | Il of item 19 \ | | 1152 | NO |
| PART II. OTHE 20s. EXTERNAL C PRIMARY or CC CAUSE OF DEATH | ONTRIBUTING [| DESCRIBE | TOWN NOOK! OCCORD. | terror marara or milary in | 1 1 0 1 1 0 1 1 0 1 1 | , or near 10., | | | |
| ZOC. TIME OF INJU | JRY Month, Dey, Ye | ar 120d INI | URY OCCURRED 20e. PI | ACE OF INJURY (Home, | form 1 206 (| City or town) | (Count | | (Stele) |
| 20c. TIME OF INJU | | While _ | | ctory, street, office bldg. | | city of lowing | (Count | 71 | (21619) |
| ¥ p.m. | 19 | et work [| et work | | | | | | |
| 21. I certify t | hat I took charge | of the remain | ns described above, h | neld an Autopsy | . Inspecti | on 🔀, İnquir | у 🕠 | and in my o | pinion |
| death resulted | from: Natural c | auses 🗷 , | Accident . Sui | icide , Homici | de , | Undetermined m | anner | | |
| | 1 | | | CHIEF MEDIC | AL EXAMINER | | | | |
| ACTUAL | JA. 1 | 1 - 6 | 2 | A ACCICTANT | MEDICAL EXA | AINED | | DATE SIG | ENIED |
| SIGNATURE | | 1 | Somba | | | | | | _ |
| EXAMINER'S NAME (Type) | Frank J | Opens. | | | ICAL EXAMINI | - | May 5 | 1 196 | 1 |
| 22e. BURIAL, CREMATIC | Frank J. | the same of the sa | c. NAME OF CEMETERY (| | et, city, town, | | or country) | 100 | 4-1 |
| REMOVAL (Specify | | 2.2 | C. T. J. C. CEMETER I | on Chemoton | 220. 10 | CATION (City, town, | or country) | (Ste | 10/ |
| Burial | May 27 | . 1961 | Haiti. | Rog | brille. | . 18. | | | |
| 23. FUNERAL DIRECTO | 01 | 1 | ADDRESS | 246. | REC'D BY REG | STRAR 24b. REGI | STRAR'S SIG | NATURE | |
| 1 theil | d. Aunu | TORON | kville, Mi. | DATE | JUN 12 | '61 Cin | Mus 8. 9 | | |

Energy Se Mandera 011122100 Bookwille 12 0 .00 . 12 2316 . 1: .lon 2561 .OS . 4456 18 atribust. 2mminutes To Hally Saviday, Hoovellie, Mr. Market Co. O. C. Co. a shirts 186 E 1 1861 WEFFER J. Brokeney's 1989 CHI (18 791.) Constitue, 15, . ill , affir (sol) as an area of the

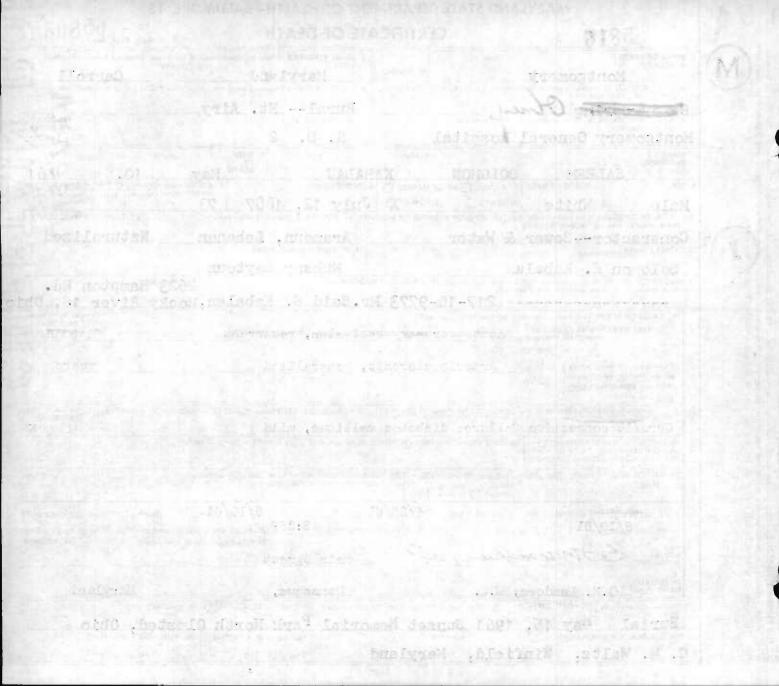
VS A15 (4) 15M 9/5B

the registrar priar to burial, crematian, ar remaval, and in any event within 72 hour

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5816 **CERTIFICATE OF DEATH** Reg. Dist. No.

| PLACE OF DEATH COUNTY | | | | 2. USUAL RI | SIDENCE (Who | ere deceased li | | | ce befare ac | lmissian) |
|---|---|-------------------|---|-----------------------|------------------|---------------------|-----------------------------|---------------|--------------|--------------------------|
| | ntgomert | | MARYLANI | o. STATE | faryla | nd | b. COUNT | TY C | arro | 11 |
| b. CITY OR TOWN (I RURAL and give no | f autside carporate limits | s, write c. LENG | TH OF STAY IN 1 | c. CITY O | R TOWN (If or | utside corporot | e limits, write | RURAL ond g | ive nearest | town) |
| Sandy Son | ming lytn | ey | | | 11 M | t. Air | ·y | | | |
| OR INSTITUTION | AL (If not in haspital, gi | / | | | ADDRESS | | 00 | X-1 | 0 | RESIDENCE N A FARM? |
| | y General | Hospita | al | R. | D. 2 | | 0 | 1 | YE | NO P |
| 3. NAME OF DECEASED | First | | Middle | | Last | 4. DATE OF | М | anth | Day | Year |
| | TEEM | SOLOMON | | ABALAN | | DEATH | lay | 10, | | 1961 |
| 5. SEX | 6. COLOR OR RACE | | 100000000000000000000000000000000000000 | _ | | 9. | AGE (In year last birthday) | Months | _ | NDER 24 HRS. |
| Male | MILIT OC | WIDOWED | DIVORCED | | 12, 18 | 387 | 73 yr | s. | | |
| during most of work | ON (Give kind af work de king life, even if retired) | ane 10b. KIND OF | BUSINESS OR IN | DUSTRY 11. BIRTH | IPLACE (State of | ar fareign caun | try) | 12.CITI | ZEN OF WH | AT COUNTRY? |
| Contracto | orSewer | & Water | • | Ara: | MOUN . | Leban | on | Nati | urali | zed |
| Solomon | H. Kabala | an | | Mız | hsny I | Laytou | n | | | |
| 5. WAS DECEASED EVE | R IN U. S. ARMED FORCE | ES? 16. SOCIAL SE | ECURITY NO. | INFORMANT | | | | 3" Ham | nton | Rd. |
| (1es, no, or unknown) | (If yes, give war or dates of ser | 045 4 | 0-9778 | Mr. Sai | d S. K | (ahala | | | | |
| 18. CAUSE OF DEA | ATH [Enter anly ane cau | | | A Anh. II W Cale at a | | A SOL IN COLUMN COL | 91100 | N. III | INTERVA | L BETWEEN |
| PART I. DEA | TH WAS CAUSED BY: | Acute c | oronary | occlusio | n. recu | arrent | | | | ND DEATH |
| 410 | DUE TO | | | | | | | | | 100/10 |
| Canditians, if a | ny, which) (b) | Arteri | oscleros | is, gene | ralized | 3 | | | ves | rs |
| gave rise to it | mmediate (| | | | 101-100 | | | | 7,00 | V 2 10 |
| lying cause last. | (c) | | | | | | | | 12.36 | |
| PART II. OTH | HER SIGNIFICANT COND | TIONS CONTRIBUT | TING TO DEATH E | BUT NOT RELATED | TO THE TERMIN | NAL DISEASE C | ONDITION G | IVEN IN PART | 1(a) 19. W | 'AS AUTOPSY |
| PART II. OTH Chronic | congestive : | failure; | diabetes | mellitu | s, mild | d | | | | RFORMED? |
| 20a. ACCIDENT WA | | 20b. DESCRIBE HOV | | | | | of item 1B.) | | | |
| 20c. TIME OF INJUR | Y Manth, Day, Year | r 20d, INJURY OC | CURRED 20e. | PLACE OF INJUR | Y (Home, form, | 20f. (City or | tawn) | IC | ounty) | (State) |
| 20c. TIME OF INJUR Haur a.m. | 19 | | while ark | factory, street, of | | | | , | ,,, | (|
| | | | | /61 | | F/30/0 | 7 | | V E 10 | |
| . /- | at J attended the | | | | | 2/ 10/ 6 | ⊥, 19 | _,that I las | st saw the | e deceased |
| alive an 5/1 | 07_01 | _, 19, | and that dec | ath accurred o | | | | | | ited abave. DATE SIGNED |
| ACTUAL | Amea | dan | a.O | _M.D. Mair | | ADDRESS (Stree | i, city ar law | n, statej | | |
| PHYSICIAN'S NAME (Type) G | .F. Meadors | , M.D. | | _ Dan | ascus. | | | Ma | ryland | |
| 22a. BURIAL, CREMATIO | | 22c. NA/ | ME OF CEMETERY | OR CREMATORY | | 22d. LOCATIO | | | | State) |
| Burial | May 15. | 1961 Su | nset M | emorial | Park | North | Olms | ted. | Ohio | |
| 3. FUNERAL DIRECTOR | | | RESS | THE RESERVE | 240. REC'D | BY REGISTRA | R 24b. REC | GISTRAR'S SIG | NATURE | |
| C. M. Wa | Itz. Wint | field. | Marvia | Бn | DATESAN | 1 5 161 | (1 | r: . 9 . | Kines | |



FOR STATE HEALTH DEPT.

TO DE CALEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are in necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 6

VS. A15ME 5M 7/59

Division 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

| П | | 3019 | MEDI | CAL E | (AMINER' | S CERTIFI | CATE OF | DEATH | 1 | 15800 | 1 |
|----|-----------------|---|--|------------------------|---------------------|------------------------|---|------------------------------------|-------------|----------------|-----------|
| | 1. RLAC | CE OF DEATH | | | | | SIDENCE (Whare | deceased lived, If ins | | dence before | dmission) |
| | - a. CO | m | onty on | ery | MARYLAND | e. STATE | De | b. COUNTY | | | |
| 1) | W | rita RYRAL and give | wille | 1 | high of stay in 16 | uto | ashur | proporate limits, write R | URAL and gi | ve naerest low | (n) |
| | d. NA | AME OF HOSPITAL | OR INSTITUTION (if r | not in hospital, g | ive street address) | d. STREET AL | DDRESS | | | ON | A FARM? |
| | 3. NAM | ME OF | First First | nery (| Middle | 3 7/3 | 4. DAT | Month | | YES Yes | NO M |
| | DECI | eased or print) | Donald | e C | Ke | ith | OF DEA | | 10 | 1 10 | 61 |
| | 5. SEX | 6 | COLOR OR RACE 7 | MARRIED T | NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In yeers IF last birthdey) | UNDER 1 YEA | | 24 HRS. |
| | m | rle | uru | WIDOWED _ | DIVORCED [| | -05- | 55 yrs. | | | |
| | | | (Give kind of work g life, even if retired) | 10b. KIND OF | BUSINESS OR INDUS | TRY 11. BIRTHPLAC | CE (Stele or foreign | country) | | OF WHAT | COUNTRY? |
| 1 | Vi 13. FATE | tro Cor | P. | Vitro | Corp | Wisco | ONSIN MAIDEN NAME | | W | S.a. | |
| | | | Voith | | | | a Cain | | | | |
| 1 | | | N U.S. ARMED FORCE | | L SECURITY NO. 17. | | | ton, Addes | C. | N | I. W |
| | No. | | s give wer or detes of serv | 100 | known A | lice Ke | ith-sist | er-33389 | 16th | - 1 | |
| | | | TH [Entar only ona ca | | | , | | | Ī | INTERVAL BET | TWEEN |
| | 900 | | VAS CAUSED BY: AEDIATE CAUSE (a) | Coror | vary occ | lusion | | | | Diset AND | DEATH |
| | | 420 | DUE TO | | 4 | | Mark egg. | | * | 2 redoles | Ly |
| | | ditions, if any, | (-) | | | | | | 4 | but p | Loquey |
| | | e rise to immediate stating the unda | DITE TO | | | | | | 1 | god. | +/ |
| | - | e lest. | (c)_ | | | | | | | 00 | |
| | NOE | PART II. OTHER SI | GNIFICANT CONDITIO | ONS CONTRIBUT | ING TO DEATH BUT P | NOT RELATED TO TH | E TERMINAL DISEA | SE CONDITION GIVEN | IN PART 1(e | | RMED? |
| | \ <u>\</u> | FUMPOLIAL GALLE | F 11/45 | DECCRIPE HO | NA PARIS O COLUMN | (P.) | I- D II- D II | -(1)10.1 | | YES | NO A |
| _ | PRIM CAL | EXTERNAL CAUS MARY () or CONT JSE OF DEATH. | RIBUTING [] | , DESCRIBE HO | W INJURY OCCURED. | (Enfer neture of injur | ry in Peri I or Peri II | of item 18.) | | | |
| | WEDICAL 20c. | TIME OF INJURY | Month, Dey, Yeer | 20d. INJURY While N | | LACE OF INJURY (Ho | | City or town) | (County) | | (State) |
| | WED | Hour a.m. p.m. | 19 | | at work | | | | | | |
| | 21. | I certify that | I took charge of | the remains o | described above, | held an Autopsy | Inspection | n Inquiry | 3 | nd in my o | pinion |
| 9 | dea | ith resulted from | m: Natural caus | ses 💢 . Ad | ccident, Su | | l-mark | Indetermined man | iner | | |
| 0 | | 4 | | 0 | | | EDICAL EXAMINER | | | | |
| | SIG | NATURE / | ank J. | Inos | chail | M.D. | NT MEDICAL EXAM | basi | | DATE SIG | NED |
| | NA | AMINER'S AME (Type) | RANKJ. | Bho | schart | Addrass | MEDICAL EXAMINE (Street, city, town, | or county) | -16 | -61 | |
| | | IAL, CREMATION, OVAL (Specify) | 226. DATE THEREOF | 22c. 1 | NAME OF CEMETERY | OR CREMATORY | 22d. LOC | ATION (City, town, o | r country) | (Stet | e) |
| | Cre | emation NERAL DIRECTOR | 5/17/61 | Ced | ar Hill | Cremator | y Su | itland M | faryl | | |
| | | | Pumphrey | | esda, Ma | 2 1 | ATMAY 1 9 '6 | | m7 8. th | | |
| 1 | | | | | | | | | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5815

CERTIFICATE OF DEATH

05805

| 1. | | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) |
|---------------|---|--|
| | COUNTY Montgomery | o. STATE Maryland b. COUNTY Montgomery |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) c. LENGTH OF STAY IN 1b 31 years | c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) |
| | Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) | d. STREET ADDRESS o. IS RESIDENCE |
| 41 | | ON A FARM? |
| | NAME OF Suburban | 4211 Bradley Lane |
| 3. | NAME OF First Middle DECEASED | Last 4. DATE Month Dey Yeer OF |
| | (Type or print) Henry | DEATH 19 (3 |
| 5. | SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. |
| | | lest birthdey) Months Days Hours Min. |
| | Male White WIDOWED DIVORCED | 11/12/71 86 Yrs. |
| 10d | one during most of working life, even if retired) Custodian Am. Security Bar | |
| 13. | Custodian Am. Security Bar | 14. MOTHER'S MAIDEN NAME, CONN. U.S.A |
| | Bothick XXXX Kelley | Manus Proposi con |
| | es, no, or unkown) (Ifyes give wer or detes of service) | Mary Brannigan Address |
| | No N | rs. Esther Cantrell (Daughter) Same as above |
| | 18. CAUSE OF DEATH [Enter only one couse per the for (e), (b), end (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) | s embolism SuspEN |
| | 465 X DUE TO | |
| | Condillons, if eny, which (b) | |
| 11/2 | geve rise to immediate cause | |
| | (e), steting the underlying couse lest. | |
| Z | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CPERFORMED? |
| CATE | Perforanted Dundonal 2 | llell / YES NO . |
| CERTIFICATION | 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 205 AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter neture of injury in Pert I or Pert II of item 18.) |
| MEDICAL | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL | ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) clary, street, office bldg., etc.) |
| MED | Hour e.m. While Not While to work et work 19 | 1 0 0 |
| | 21. I certify that (I) (this hospital) attended the deceased from | |
| | | at death occured at |
| | 22a. SIGNATURES J. | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 5-28-61. |
| | 22c. PHYSICIAN'S | 22d. ADDRESS |
| | J. Blaine Fitzgerald | 8218 Wisconsin Anence Detaisda |
| | . BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | r OR CREMATORY 23d. LOCATION (City, town or county) (Stote) edict Cemetery Hartford, Conn. |
| 24 | HINERAL DIRECTOR'S SIGNATURE INC. 8434 Georgia Ave | SS Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE |
| | Roymond a. Ziska | DATEJUN 6 '61 ariling & Known |

Lead Committee the work of the SUB-01-3206A Mrs. Cathor Courses Parling and strong SECTION S Referration Durational Delice media - white the country of the cou WELLE S. Thursday, po. Hora Contain Ave. 35 Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) I director. Page or your files. oard of Health, a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give natrast lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Boar for 3 to the funeral be retained th the State B NAME OF Middle DATE DECEASED OF (Type or print) DEATH B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IE UNDER 1 YEAR | Page 5 may be 1 and 2 with in 72 hours at last birthday) Months and WIDOWED DIVORCED YES. within 24 hours after 18. Give Pages 1, 2, ar Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dong during most of working life, even if retired) pages 1 13. FATHER'S NAME form PM3. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkows) | (If yes give war or detes of service) with 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).] Office along burial-transit p 2 PART I. DEATH WAS CAUSED BY. pue in pencil IMMEDIATE CAUSE (a) should be removal DUE TO Conditions, if eny, which (b) the word "pending" geve risa to immadiate cause (0) DUE TO 98 (a), stating the underlying Medical Examiner 6 cause last. pesn should be used ial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION previous 20a. EXTERNAL CAUST WAS PRIMARY OF CONTRIBUTION A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert f or Pert II of Item 18.) should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burial, CAUSE OF DEATH. ecute the certificate, writing 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) While Not While factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry K death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Stoschalt NAME (Type) Address (Street, city, town, or county) 9989 DE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Cedar Hill Crematory Suitland, Maryland ADDRESS 246, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE Cremation Suitland, Maryland 23. FUNERAL DIRECTOR Robert A. Pumphrey VS. A15ME Bethesda, Maryland arthur S. Hraus

e. IS RESIDENCE

YES NO

1961

IF UNDER 24 HRS.

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO M

(State)

and in my opinion

DATE SIGNED

ON A FARM?

5M 9/60

be sivest be laken . Transcrip this vabet Robert A. Fumpling Berndede, Margiand Many Turk The Face

| 1 | 4 | tem 20 Fi. 5-31-61 DIVISION | ams of Statistical | RESEARCH A | ND RECORD | EPARTMENT OF S, 301 W. PRESTO | N STREET, B | ALTIMO | RE 1, MARYL | AND O O 17 |
|---|-------|---|---------------------------------------|-------------------------|-------------------|---|-------------------------|-----------------------|-----------------------|---------------------|
| | 1 | | 5820 | CI | RIIFICA | E OF DEATH | | | 00 | 006 |
| ours after funeral se | | 1. PLACE OF DEAT . COUNTY Montgomes | y | | MARYLAND | | of Colum | ь. coun bia | TY | |
| ho the | 10 | b. CITY OR TOWN | (if outside corporate lim | its, c. LEN | GTH OF STAY IN 1 | c. CITY OR TOWN | (If outside corporat | te limits, write | RURAL end give i | nearest town) |
| 24 in b | and a | Bethesda | | | 6 days | Washingto | on | | 4- | 7 × - |
| led led aff | 100 | | PITAL OR INSTITUTION | if not in hospital, giv | e street address) | d. STREET ADDRES | | | | e. IS RESIDENCE |
| y fill | | U. S. Nay | ral Hospital | | | 3100 Con | necticut . | Ave. | N.W. | YES NO X |
| ters sers | 200 | 3. NAME OF DECEASED | First | | Middle | Lost | 4. DATE | Month | Dey | Aeet |
| Pap Pap | | (Type or print) | Adel | e c | ooke | KINGSTON | DEATH | May | 19 | 19 61 |
| CO COI | | 5. SEX | 6. COLOR OR RACE | | VER MARRIED | 8. DATE OF BIRTH | 9. A | GE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| be and arb | | Female | Caucasian | WIDOWED | DIVORCED T | 9-25-79 | | 81 yrs. | Months Deys | Hours Min. |
| an an ven ven | | | TION (Give kind of wor | | SUSINESS OR INDUS | TRY 11. BIRTHPLACE (Co | | | 12. CITIZEN O | F WHAT COUNTRY |
| sici mo y e | | Homemake | vorking life, even if retire | od) | | Manuelas | ha | | USA | |
| phy phy an | ~ | 13. FATHER'S NAME | <u> </u> | | | Marylai | | | | |
| ing eas | T | Charles V | . COOKE | | | Josephia | ne ROGERS | | | |
| pu de | 1 | 15. WAS DECEASED I | VER IN U.S. ARMED FOI | RCES? 16. SOCIAL | SECURITY NO. 17 | | ac Hoghin | Address | | |
| the att. | | 44 | (If yes give war or detes of | 2.0 | 1 | W Ambleson Wite | | | 110 -2 | A |
| the the | | NO 1 18. CAUSE OF | DEATH (Enter only on | None | | H) Arthur Kin | _ | | 4 14 47 | PERSONAL REPAIRED. |
| es l ciar by br grmi | | | TH WAS CAUSED BY: | h - | 0 | ing Emboline | 2 - | | ON | ISET AND DEATH |
| quir nysi nysi t ped t ped t, o | | 0011 | IMMEDIATE CAUSE (a) | 1 | remora | my and on | were . | | | |
| sign ansi | | 1904. | DUE TO | 6 + | L L | | 10 Duct | in 1. | 14 Fail | |
| din | | Conditions, if e | | 602 | operation | ve open | reconcer | and my | Le de | |
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| har har uria | W | ceuse lest. |) (c) | | IC TO BELTIL BUT | LOT DEL ATER TO THE TERM | INIAL DISTASS CO | NDITION CO. | (CALIANI DADT 1(-): 1 | O WAS ALITORSY |
| IAN tal cate | 1 | PART II. OTH | ER SIGNIFICANT COND | IIIONS CONTRIBUTII | NG TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE CO | NDITION GIV | | PERFORMED? |
| Spide Spide Se | 2 | PART II. OTH | | | | | | . 10.1 | | YES X NO |
| pri pri | -57 | OR CONTRIBUTION | WAS UNDERLYING [] G [] CAUSE OF DEATH | | | ED. (Enter neture of Injury i | in Part I or Pert II of | item 18.) | | |
| Print | - 10 | | Y MEDICAL EXAMINER | | at home | | | | | 45. |
| NG Fee Stee | | 20c. TIME OF IN | uP. | . While Not | | LACE OF INJURY (Homa, fa actory, streat, office bldg., e | | town) | (County) | (State) |
| TDI A STORY | 98 | - V | ·)-11 19 C | l el work al | work 🗶 | Home | | Washi | ngton | D.C. |
| retaii rorr TOR: be d | 0 0. | 21. I certify | that 💥 (this hosp | ital) attended the | e deceased from | May 13 | 1261, to | May 19 | 1961 1 | hat (\$ (we) las |
| 20000 | 383 | saw the dece | ased alive on | lay 19 | 19.61., and th | at death occured at. | 27 AM from t | he causes | and on the da | ate stated above |
| RECEIPTER | | 22a. SIGNATUR | | 0 | | ATTENDING | MED. | STAFF | | 22b. OATE SIGNED |
| O E O S O | 1 | 17 6 | 1/ Dunse | nex | | M.D. PHYS. | | PHYS. | | 5-19-61 |
| RAI Page with | | 22c. PHYSICIAN | 1 | 7 | 1 | 22d. ADDRESS | | | | |
| 144 | | NAME (Ty | G. B. TOW | nsend, lt | , MC, USN | U. S. Na | wal Hosp | ital, | Bethesda, | Md. |
| HOG FUN FUN filed | | 23a. BURIAL, CREMA | TION, 236. DATE THE | | NAME OF CEMETER | Y OR CREMATORY | 23d. LOCATI | ON (City, to | wn or county) | (Stete) |
| 24060 | | REMOVAL (Special | 5/23/19 | 061 A | rlington 1 | National | Arli | ngton | Vir | ginia |
| VR A15 (4) | | | 28:5- TENATUR | | ADDRESS Was | | REC'D BY REGISTRA | | | |
| 15M 9/60 | | Jos. Gawle | r's & Sons | Funeral Ho | | Pa.Ave.NWATE | MAY 24 '61 | | Tithun S. Kr | aus |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5821

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| 1. PLAC | Nontgomery Maryland | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery | | | | | | | | |
|----------------|--|---|--------------------|---------------------------|------------|--|---------------------------------|----------------------|---------------|-------------------|--------------|-----------|-------------------|------------|
| b. C | ITY OR TOWN (I URAL and give ne | f outside corporate lim | its, write | c. LENGTH OF ST | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | | |
| | ethesda | | | 238 day | 75 | ++ | ensingt | | | | | V | | 1051165 |
| d. N | d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION | | | | | | TREET ADDRES | | | | | | e. IS RES ON A | FARM? |
| The | e Clinic | al Center, | Beth | esda 14, | Md. | 1 | 1908 Co | ronada | Place | 8 | | | YES | NO 🔼 |
| | ME OF EASED se or print) | Fi | ıdy | | ddle mn | | kruis | 4. DATE OF DEA | | Mon Ma | | 1 | ń | Year 6: |
| S. SEX | | 6. COLOR OR RACE | 7. MARI | RIED NEVER MA | RRIED DE | 8. DATE | OF BIRTH | 77 | 9. AGE | (In years | IF UNDE | RIYEAR | IF UNDE | ER 24 HRS. |
| Fer | male | White | WIDOW | | RCED | Nover | nber 21 | , 1951 | 9 lost 1 | birthdoy) yrs. | Months | Days | Hours | Min. |
| 10a. US | SUAL OCCUPATION | N (Give kind of work | dane 10b. | KIND OF BUSINES | S OR IND | USTRY 11. | BIRTHPLACE (| State or foreign | n country) | | 12.CIT | IZEN OI | WHATC | OUNTRY? |
| Sta | udent | ing life, even if retired |) | None | | | Mich | igan | | | | U.S | .A. | |
| | HER'S NAME | | | | | 14. MC | THER'S MAID | | | | | - | | |
| Ric | chard Kr | uis | | | | 1 | lae Var | Zwol | | | | | | |
| | | R IN U. S. ARMED FOR | | SOCIAL SECURITY | NO. 17. | INFORMAN | The M | ledical | Reco | rd Add | ress | | | |
| No | or unknown] | (If yes, give war or dates of : | iervice) | None | | | | Center | | | 14. | Mar | ylan | d |
| 18. | CAUSE OF DEA | TH [Enter only one co | ouse per li | ne far (a), (b), and | | | | | | | | INT | ERVAL BE | TWEEN |
| | PART I. DEA | TH WAS CAUSED BY: | ? | Pulmonary | embo | lus | | | | | | ONS | I AND | DEATH |
| | 204.2 | IMMEDIATE CAUSE (d | 1 | | | | | 1 30 0 | | | | | | |
| | Conditions, if o | | | ute lymph | oevti | c lev | kemia | | | | | 1 8 | 3 mor | nths |
| | ave rise to i | mmediate |)(| are against | | | | | - | | - | | | |
| | ouse (a), stating | the under- |) | | | | | | | | | | | |
| | ring couse lost. |) (c | | CONTRIBUTING TO | DEATH | T NOT BEL | ATED TO THE | EDMINIAL DICE | ACE COND | ITION CIV | CENT INT DAT | PT 1/-1 1 | D VA/AS | ALITOPSY |
| 1 S | PART II. OIF | HER SIGNIFICANT CON | יייוסאג יי | CONTRIBUTING TO | DEATH BU | I NOT KEL | ATED TO THE | EKMINAL DISE | ASE COND | IIION GIA | EN IN PA | K1 1(0) 1 | PERFO | RMED? |
| FIG. | - ACCIDENT WA | C LINIDERIVING TO | JON DES | CRIPE HOW IN HIE | V OCCUPI | ED /F-1 | | or in Book Lond | Part II of it | am 10 \ | | | YES | ИО 🗆 |
| 0 (11 | CONTRIBUTING | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 206. DES | CRIBE HOW INJUR | T OCCURR | ED. (Enter | nature at injur | y in Port I or I | ran n ar n | em 16./ | | | | |
| WEDICAL 200 | Hour o.m. | Y Month, Day, Ye | ar 20d. I While | NJURY OCCURRED Not while | | | VJURY (Home, et, office bldg | | City or taw | n) | | (County) | | (Stote) |
| | p. m. | 19 | at war | k at wark | | | | | | | | | | |
| 21. | I certify tho | t (I) (this hospita | l) attend | | | | | | | | | | | we) last |
| so | w the deceas | sed olive anM | ay 17 | 19 61, | and that | death a | curred at. | II R. Tra | im the co | auses an | d an th | e dote | stated | obave. |
| 220 | a. SIGNATURE | 0 | 01 | , / | | 0 10 | | | | | | | | b. DATE |
| | X | me 15 | 184 | ple | | M.D. PH | TENDING | MED. DIRECTOR | STAF | s. 📑 | | | 5/18 | B/61 |
| 22 | C. PHYSI (AN'S | TOTAL S | m/n | DIOGE 1 | | 220 | . ADDRESS T | he Cli | nical | Cent | er, | Nat | iona | |
| | 3767 | JE FUI | TE B. | BLOCK, N | 1.De | | Institu | tes of | Heaft: | th, B | ethe | da : | 14, | Md |
| | MOVAL (Specify) | May 2: | 2,196 | 23c. NAME OF C | CEMETERY | OR CREMA | rato | Z 23d. 10 | CATIONIC | ity, town, | or county) | 2,0 | nic. | eh. |
| 24. FUN | VERAL DIRECTOR | SSIGNATURE | (| ADDRESS | - / | 10 Dr | 1 // 259! | REC'D BY REC | SISTRAR | 2Sb. REGI | STRAR'S S | IGNATU | RE | |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 5822 Ttom CF | ERTIFICATE OF DEATH | 05809 |
|---|--|--|
| 1. PLACE OF DEATH Montgomery | MARYLAND 2. USUAL RESIDENCE (Where deceased liveron STATE) | d. If institution: Residence below admission) b. COUNTY |
| b. CITY OR TOWN (If outside conorate limits, write) c. LENGTH RURAL and give parest town 27 | OF STAY IN 16 c. CITY OR TOWN (If cyticle corporate I | insity write RURAL and give (searest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | 6.16 Douglas | Street e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Plan First | Middle Rar OF DEATH | May 12 1961 |
| S. SEX female 6. COLOR OR RACE 7. MARRIED NEVE WIDOWED & | er Married 8. Date of Birth 1889 9. A lo Divorced April 10, 1887 | GE (In years If UNDER 1 YEAR IF UNDER 24 HRS st birthday) Manths Doys Hayrs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | ue montgomery | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME Clem Paul Marti | in Clara H | ankins |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECULORS, no, or up flown) (If yes, give wor or dates of service) MON | e Evelyn Daphney, 6 | 16 Douglas, Rochville |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBURA | l accident | INTERVAL BETWEEN ONSET AND DEATH |
| Canditions, if ony, which (b) Cerebray | PArterior claroris P demente | a 6 years |
| gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO (c) | | |
| CATIC | <u>ng to death</u> but not related to the terminal disease co | NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | INJURY OCCURRED, (Enter nature of injury in Part I or Part II of | f item 1B.) |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU Hour o. m. p. m. 19 While Not wh at work at work | hile foctory, street, office bldg., etc.) | awn) (County) (State |
| 21. I certify that (I) (this haspital) oftended the de sow the deceosed alive on | , 030, | y - 12-1961, that (1) (we) last causes and on the date stated above |
| 220. SIGNATURE William & Mile | ATTENDING MED ST | 22b.DATE TAFF HYS. |
| 22c. PHYSICIAN'S NAME (Type WIHLIAM C. Min | 44 ER 7 Brooks Ave., A | aithersburg, Md. |
| DEMOVAR (Speciful) | | |
| REBOYINICITY) 5/16/61 Lin | anala Paula | (City, town, or county) (Stote) |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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| 1) | 1. PLACE OF DEATH a. COUNTY | 1 |

| , | 0823 | CERTIFI | CATE | OF DEAT | Н | | | |
|---|--|--|----------------------|---|-----------------------------|-----------------------------------|----------------------|-------------------------|
| 1. PLACE OF DEATH a. COUNTY | Montg. | MARYL | | STATE | Where deceased live | d. If institution: I b. COUNTY | Residence before ad | mission) |
| RURAL and give ne | autside carporate limits, varest town) | vrite c. LENGTH OF STAY IN | V 1b | | If outside corporate I | imits, write RURA | L and give nearest t | rawn) |
| d. NAME OF HOSPIT. OR INSTITUTION | AL (If not in haspitol, give | street oddress) | d. | STREET ADDRESS | | 8 | 0 | RESIDENCE N A FARM? |
| 3. NAME OF DECEASED (Type or print) | Delilah | Middle May | L | lost egg | 4. DATE OF DEATH | May | Day // | Yeor 196/ |
| 5. SEX Female | White | MARRIED NEVER MARRIED DOWED DIVORCED | Nov | ember 5, | 1870 | st birthday) Ma | Onths Days Har | urs Min. |
| House W: | N (Give kind af wark done ing life, even if retired) Lfe | 106. KIND OF BUSINESS OR | | Hampshire | e Co., West | | La U.S | |
| | W. Anderson | | | | NAME Elizabeth | | | |
| | R IN U. S. ARMED FORCES If yes, give war ar dates of service | | Asb | | hødist H | Address ome Rec | cords | |
| | TH [Enter anly one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) | per line far (a), (b), and (c). | ive | Heari | + Fai | lurp | ONSET A | Ar S |
| Canditions, if a gave rise to it cause (o), stoting | nmediate (| Arterio | sclero | otic He | eart Di | sease | yea | irs |
| ZOLEDIUM PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY |) (c) | ONS CONTRIBUTING TO DEAT | <u>TH</u> BUT NOT R | ELATED TO THE TEI | RMINAL DISEASE CO | NDITION GIVEN | PE | AS AUTOPSY REFORMED? |
| | S UNDERLYING (1) 206 CAUSE OF DEATH MEDICAL EXAMINER) | D. DESCRIBE HOW INJURY OCC | CURRED. (Ente | er nature of injury | in Part I ar Port II a | item 1B.) | | |
| 20c. TIME OF INJUR Hour a. m. p. m. | 10 | 20d. INJURY OCCURRED 2 While Not while of wark at work | PLACE OF factory, st | INJURY (Home, for treet, affice bldg., | orm, 20f. (City or to | awn) | (Caunty) | (State |
| 21. I certify that saw the deceas | 1 -1 | ttended the deceased f | | | 1960, ta 5- M, fram the | | 196/, that (| |
| 220. SIGNATURE | mes W. E | gan/ | M.D. | ATTENDING PHYS | / | AFF HYS. | 5-11- | 226. DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) | James W. X | gan | 2 | Bethe | 720 Wi | sc onsi | n Ave | |
| 23a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL | N, 23b. DATE THEREOF 5-13-61 | 23c. NAME OF CEMET | | | (Near) | (City, town, or co | W. Va | (State) |
| 24. FUNERAL DIRECTOR | s signature C. Gartner | · Gaithersb | urg. | | EC'D BY REGISTRAR MAY 15'61 | 1000 | AR'S SIGNATURE | |

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STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND USUAL RESUENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) MONTGOMER MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) KENSINGTON filled in NAME OF DECEASED OF (Type or print) DEATH carbon 5. SEX AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE DATE lest birthdey) and WIDOWED 1 10e. USUAL OCCUPATION (Give kind of work physician 940 done during most of working life, even if retired HOUSE WIFE 13. FATHER'S NAME please attending GELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no. or unkown) | (If yes give war or dates of service) removal the 1B. CAUSE OF DEATH [Enlar only one couse per line for (e), (b), end (c).) p 4 EMORRHAGE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO ERIOSCLERUSIS geve rise to immediate cause DUE TO (a), steting the underlying cause fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate as of 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While at work at work may be refaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from J.U.L.19. 6./., and that death occurred att. A.M., from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED 区 PHYS. DIRECTOR PHYS. FUNERAL ector, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL (Specify) dir. KOCK REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM? YES NO K

196 IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET, AND DEATH

14 DAYS

19. WAS AUTOPSY

(County)

PERFORMED?

NO

(State)

DATE

(State)

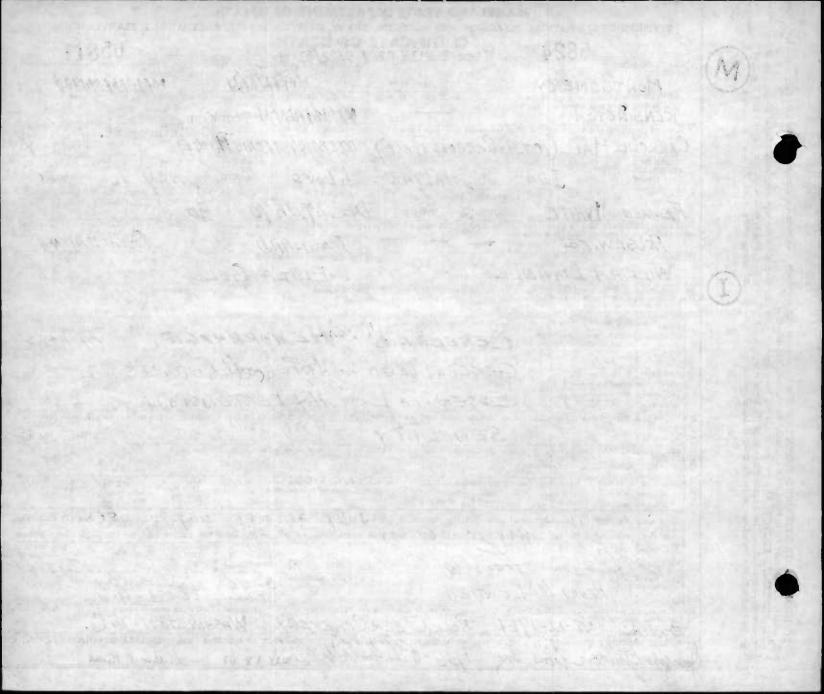
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12. CITIZEN OF WHAT COUNTRY

Months

OL VR A15 (4) 15M 9/60

FUNERAL DIRECTOR'S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO X

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INTERVAL BETWEEN ONSET AND DEATH

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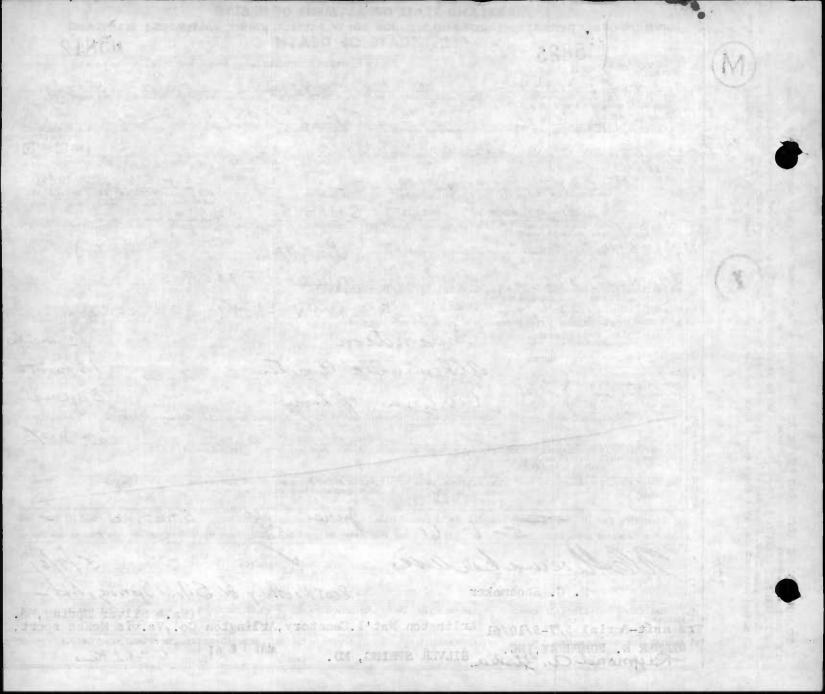
12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

IF UNDER 24 HRS.

15M 9/60



TO HOSPIT

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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| MONT gomery BURAL and give recent lown) Silver Spring d. NAME OF HOSPITAL (find in hospital, give street oddress) Silver Spring d. NAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) ANAME OF HOSPITAL (find in hospital, give street oddress) S. SEX Female White WINDOWED NO S. DATE OF BIRTH WINDOWED NO NO HOUSE 100. USUAL OCCUPATION (Give kind of work done) Montawk, N. Y. 110. SUAL OCCUPATION (Give kind of work done) Montawk, N. Y. 111. SCAA MATERIANABE NO NO 112. CHIZENOF WHATCOUT MONTAWA NO NO 113. EATHER'S NAME NO NO NO NO NO NO NO NO NO N | o. COUNTY | | | | 11 | USUAL RESIDENCE (W o. STATE | here deceased | b. COUNTY | an: Residence | before ad | mission) |
|--|---|---|-------------|------------------------|-----------|--------------------------------|----------------|---------------------|---------------|-------------|---------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest frown) RURAL and give necrest frown) Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.033 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.034 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.035 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.036 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.037 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.038 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.038 Renfrew Rd. Silver Spring d. STREET ADDRESS Md. 10.048 Renfrew Rd. Silver Spring P. ACE (In year) If Junose Russ If Junose | | gomery | | MARYLAN | ID | | nd | b. cool411 | Montg | omery | |
| d. NAME OF HOSPITAL (I Part in begine). give street oddress) 10 ,033 Renfrew Rd. Silver Spring, Md. 10 ,035 Renfrew Rd. 10 ,035 Renfrew Rd. Silver Spring, Md. 10 ,035 Renfrew Rd. 10 ,035 Renfrew Rd. 1 | b. CITY OR TOWN (I | f autside carporate lim | its, write | c. LENGTH OF STAY IN 1 | | | | ate limits, write R | URAL ond gi | ve nearest | tawn) |
| OR INSTITUTION 10,033 Renfrew Rd. Silver Spring, Md. 10,033 Renfrew Rd. Silver Spring No. Arabeta | | | Nine years | 8 | | ng | | 3/1 | | |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BITH 9. AGE (In your list withbold) 12. CITIZEN OF WHAT COUNTY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BITHPLACE (Stote or foreign country) 13. FITHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. AMMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. SOCIAL SECURITY NO. 17. INFORMANT A. ROBERT MARZIEL 19. GOCK 18. SOCIAL SECURITY NO. 18. SOCIAL | d. NAME OF HOSPIT | AL (If not in hospital, | give street | oddress) | | d. STREET ADDRESS | | 1 | Md. | | RESIDENCE |
| DECASED (Type or print) (Type | 10,033 Renf | rew Rd. Si | lver | Spring, Md. | 1 | 0,033 Renf | rew Rd. | Silver | Sprin | g YE | S NO 🗗 |
| Temple White WIDOWED DIVORCED 7/20/14 46 791. Monthly Doys Hours Justice Monthly | DECEASED | MAR | rst 4 | HELEN | | nn. | OF | | th | -, | Year 19 61 |
| The content of the | 5. SEX | 6. COLOR OR RACE | 7. MARE | NEVER MARRIED | B. D. | ATE OF BIRTH | 9 | . AGE (In years | | | |
| Housewife Own Home Mohawk, N.Y. U.S.A. | Female | White | WIDOW | ED DIVORCED |] 7 | /20/14 | | | Months E | Doys Ho | ours Min. |
| Housewife Mr. John Bell Springfield, Mass Magaret Keough New York, N.Y. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. No 081-03-6973 Mr. A. Robert Manzi 10,033 Renfrew Rd. Silva No. 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. INFORMANT ADDRESS TO DEATH WAS CAUSED BY. INFORMANT AS ROBERT WAS CAUSED BY. INFORMANT AS ROBERT WAS AUTOMATED AND DECEMBER A | 10a. USUAL OCCUPATIO | ON (Give kind of work | dane 10b. | KIND OF BUSINESS OR IN | DUSTRY | 11. BIRTHPLACE (Stote | ar fareign cou | intry) | 12. CITIZ | EN OF WH | AT COUNTRY? |
| AFATHER'S NAME Mr. John Bell Springfield, Mabs Margaret Keough New York, N.Y. Address Spring, Mary Mr. A. Robert Manzi 10,033 Renfrew Rd. Site 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE OF: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I.(o) PART | | | '' | Own Home | | Mohawk, N | .Y. | | | 11 0 | A |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). | | | | OHII HOLL | 14 | | | | | Uede | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Spring, Mary. Mar | Mr. John Be | ell 5 | Sprin | efield. Mass | N | iargaret Ke | ough | N | ew Yor | k. N. | Y. |
| 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), png (c). | 15. WAS DECEASED EVE | R IN U. S. ARMED FOR | RCES? 16. | | 7. INFOR | MANT | | Addi | ress Spri | ng. M | iarvlan |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (b), stoling the under. Iying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART II.(a) 19. WAS AUTHER OF CONTRIBUTING CAUSE (b) DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH II. FETTHER, NOTIFY MEDICAL EXAMINER) 20a. THE OF INJURY Month, Doy, Year Hour o. m., 19 While of work of wo | | (If yes, give wor or dates of | | R1-03-6973 | Mr. | A. Robert | Manzi 1 | | _ | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | TH [Enter only one or | | no for (a) (b) 4 (a) 1 | | | | | | - | |
| Canditions, if ony, which gave rise to immediate cause (o), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTTERFORM YES NAME (Type) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTTERFORM YES NAME (Type) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year While of work of work of work of work of work of work. 21. I certify that (I) (this hospital) attended the deceased fram. 21. I certify that (I) (this hospital) attended the deceased fram. 22. SIGNATURE 22. | | TH WAS CAUSED BY: | | HEPA | TIC | INSUE | FICIE | vc. y | | ONSEL A | AND DEATH |
| gave rise to immediate couse (a), stoting the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTTERFORMEY YES. NOT CONTRIBUTING COURSE OF DEATH ITEREORY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTTERFORMEY YES. NOT CONTRIBUTING COURSE OF DEATH ITEREORY COURSED While Control of the course of injury in Port 1 or Port II or | 691,6 | | | 11 | | | | 1 | | - | |
| gave rise to immediate couse (a), stoting the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTTERFORMEY YES. NOT CONTRIBUTING COURSE OF DEATH ITEREORY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTTERFORMEY YES. NOT CONTRIBUTING COURSE OF DEATH ITEREORY COURSED While Control of the course of injury in Port 1 or Port II or | Canditions, if a | nv. which) | | MEDA | 770 | CIERho | 0515 | | | GN | ies. |
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| 20c. TIME OF INJURY Manth, Doy, Year Hour a.m., p. m. 19 While of work at wark 19 work | | | | CONTRIBUTION TO DEATH | BUIT NIOT | | WALL DISEASE | COLUMN TION OF | (F) | 1 1 1 20 14 | AC AUTORCY |
| 20c. TIME OF INJURY Manth, Doy, Year Hour a.m., p. m. 19 While of work at wark 19 work | O PART II. OTF | HER SIGNIFICANT CON | MILIONS C | CONTRIBUTING TO DEATH | RUI NOI | KELATED TO THE TERM | IINAL DISEASE | CONDITION GIV | EN IN PARI | PE | ERFORMED? |
| 21. I certify that (I) (this hospital) attended the deceased fram. 21. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the deceased fram. 22. I certify that (I) (this hospital) attended the causes and an the date stated attended the causes and an the causes and an the date stated attended the causes and an the | | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCU | IRRED. (E | nter noture of injury in | Port I ar Part | II of item 18.) | | | |
| saw the deceased alive an 5-15 1961, and that death accurred at MAM, from the causes and an the date stated at 220. SIGNATURE DEFINATION ATTENDING PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. | 20c. TIME OF INJUR Hour o. m. p. m. | | While | _ Nat while _ | | | | or town) | (Co | ounty) | (State) |
| saw the deceased alive an | 21. I certify tha | it (I) (this hospita | L) attend | led the deceased fra | m | MARCH 19 | 61,10 | MAY | 1961 | _, that (| (I) (we) last |
| 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 221. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION, REMOVAL (Specify) 234. DATE THEREOF REMOVAL (Specify) 235. DATE THEREOF REMOVAL (Specify) 236. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 237. DATE THEREOF RUTIAL Transit 5/21/61 238. DATE THEREOF RUTIAL TRANSIT 5/21/61 248. DATE THEREOF RUTIAL TRANSIT 5/21/61 251. DATE THEREOF RUTIAL TRANSIT 5/21/61 252. NAME OF CEMETERY OR CREMATORY RUTIAL TRANSIT 5/21/61 253. DATE THEREOF RUTIAL TRANSIT 5/21/61 254. DATE THEREOF RUTIAL TRANSIT 5/21/61 255. DATE THEREOF RUTIAL TRANSIT 5/21/61 256. DATE THEREOF RUTIAL TRANSIT 5/21/61 257. DATE THEREOF RUTIAL TRANSIT 5/21/61 258. DATE THEREOF RUTIAL TRANSIT 5/21/61 259. DATE THEREOF RUTIAL TRANSIT 5/21/61 250. DATE THEREOF RUTIAL TRANSIT 5/21/61 | saw the deceas | sed alive an | 5-1: | 196/ , and the | at deat | accurred at 1/2 | M, fram t | he causes an | | | |
| 22c. PHYSICIAN'S NAME (Type) Bernard R. Fitzgerald 22d. ADDRESS 2-17 CLANIVERSITY BLUG E. S.S. Male of CEMETERY OF CREMATORY REMOVAL (Specify) 23d. LOCATION (City, town, or county) County Syracuse N. | N/ | all Dr | tere | cold | | ATTENDING | KED | STAFF | | | 22b. DATE SIGNED |
| 23c. BURIAL, CREMATION, REMOVAL (Specify) Burial—Transit 5/21/61 St. Agnes Cemetery Or CREMATORY Onandaga County Syracuse N. | 22c. PHYSICIAN'S | / | 11 | | | 22d. ADDRESS | | n, | 2 | 00 | M-0 |
| REMOVAL (Specify) Burial=Transit 5/21/61 St. Agnes Cemetery Onandaga County Syracuse N. | | Bernard I. | Fitz | gerald | | 211 CENTO | resery | BLUG | C. U |) P.c.). | max |
| | REMOVAL (Specify) | | | | | | | | | | |
| | | | | ADDRESS Silv | | | | | Ty Syr | ACUSE | N.Y. |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER Spring 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Warner E. Pumphrey, Inc. 8434 Georgia Ave. Md. DATE ADDRESS SILVER Spring 25b. REC'D BY REGISTRAR'S SIGNATURE Circling & HAY 2 3 '61 Circling & Hay 2 3 '61 | | | ne. | | er S | | MAY 23 | | | 4 . | |

Market Street at the common street 184221 The total of the second 4 a the John Mell a series of the Market of the Mood of the enal grass, samples of HETETIC INSCIPELLEDE W 1/10.05 4.5.1.5.1 Cose S MARCH CO PIAN 217 LANGERSHEY RESPONDED TO . A TARROR TO REPORT OF THE BEST OF THE SECOND TO SECOND THE SECOND TO SECOND THE SECOND TANDAMO AND AND THE STATE OF THE PARTY OF THE

ithin 24 hours after

TO HO. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executified by the hospital or attending physician.

Geath 4 may be retained by the hospital or attending physician.

Yet TO FUNERAL DIRECTOR: After this certificate has been stigned by the attending physician and completely filled in by the funeral fill director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 mounts filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death

MADVIAND STATE DEDADTMENT OF MEALTH

| MAKIL | AND STATE DEPAR | IMENI OF HEAL | 111 |
|--------------------------------|---------------------|------------------|--------------------------|
| DIVISION OF STATISTICAL RESEAR | CH AND RECORDS, 301 | W. PRESTON STREE | T, BALTIMORE 1, MARYLAND |
| 5827 | CERTIFICATE OF | DEATH | 05814 |

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re- | sidance bafore admission) |
|---|--|-----------------------------------|
| a. COUNTY MARYLAND | a. STATE AS S. COUNTY | movy |
| b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and | give nearest flown) |
| write RURAL and give nearest town) | C. CITY ON TO THE MODIFIED COMPONENT MINIS, WITH MODIFIED CO. | give magree remay |
| Takma Park Md. 35 days | Kensington | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | o. IS RESIDENCE ON A FARM? |
| Wash. San Hanum + Hospital | 1 9628 014 Spring Rd | YES NO |
| 3. NAME OF First Middle | Last · 4. DATE Month | Day Yaar |
| (Type or print) Elizibeth Zee A | metaller DEATH May 24 | 19 6/ |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B | DATE OF BIRTH 9. AGE (In years IF UNDER 1'Y | EAR IF UNDER 24 HRS. |
| T AME WIDOWED DIVORCED | 1-29-02 last birthday) Months De | eys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, aven if retirad) | RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ | EN OF WHAT COUNTRY? |
| Housen te | D.C. US | SA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| George R. Cole | Minnie Dorsey | |
| | INFORMANT | |
| (Yes, no, or unkown) (Ifyasgiya warordates of sarvica) | hart- Wash San | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | may 1 - was 1 an . | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: CARCINOMA OF | f Breast & Metastases | ONSET AND DEATH |
| 170 X DUE TO | | |
| Conditions, if any, which (b) | | |
| gava risa to immadiata causa | | |
| (a), stating the underlying DUE TO | | |
| causa last. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 | (a) 19. WAS AUTOPSY PERFORMED? |
| 8 Pleural Emp | yema | YES NO |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PEUP LEMPS 2DB. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | f. (Entar nature of injury in Part I or Part II of itam 18.) | |
| 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PLA | ACE OF INJURY (Homa, farm, † 20f. (City or town) (Count | y) (Stata) |
| 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA Hour a.m. While Not While fact at work at work at work | tory, straat, offica bldg., etc.) | |
| 21. I certify that (1) (this hospital) attended the deceased from. | 5-7 19/1/ 10 5-24 106 | That (I) (we) last |
| 5-34 | 10252 | |
| | death occured at I.U. A.M., from the causes and on the | |
| 22a. SIGNATURE | ATTENDING MED STAFF | 22b. DATE |
| Vilmes W. lgan | I.D. PHYS. DIRECTOR PHYS. | 2/24/ |
| 22c. PHYSICIAN'S | 22d. ADDRESS 7720 Wisconsin Am | Belting |
| NAME (Typa) James W. Egan | 7 7 5 5 7 5 5 7 7 7 | - Sewery |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) | OR CREMATORY 23d. LOCATION (City, town or county) | (Stala) |
| Burial 5/27/61 Rock Creek Ce | metery Washington D.C. | |
| 24 SUMERAL DIRECTOR'S SIGNATURE IL ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI | |
| Warner E. Pumphrey, nc. 8434 Georgia Ave | | 8. Kraus |
| Maymond a Wiskelf Silver Spring, M | Ida Ida Silvi | |

ASTRONOMICAL PROPERTY OF maye . I nemno To the major of the early of th direct L Turplung, 100 8454 Coorsia Avenue

O HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the hospital or ottending physician.
O FUNERAL PARECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death.

TO FUNERAL TO HOSPITA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5828 CERTIFICATE OF DEATH

| CERTIFICATE OF DEATH | CERT | IFIC | ATE | OF | DE | ATH |
|----------------------|------|------|-----|----|----|-----|
|----------------------|------|------|-----|----|----|-----|

05815

| 1. PLACE OF DEATH 6. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDEN O. STATE Ma: | CE (Where decease ryland | d lived. If instituti b. COUNTY | 2.5 | re odmission) gomery |
|---|-----------------------------|-------------------------------|---------------------------------|---|--------------------|---|
| b. CITY OR TOWN (If outside corporate limits, write CRURAL and give nearest town) | TH OF STAY IN 16 | c. city or tov | yn (If outside corpo y Chase | orate limits, write R | RURAL and give nee | arest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d. STREET ADDI | RESS | | | e. IS RESIDENCE ON A FARM? |
| 3201 Pickwick Lane | | 3201 P | ickwick | Lane | | YES NO |
| 3. NAME OF First DECEASED | Middle | Lost | 4. DATE OF | Mor | | y Year |
| (Type or print) Eugene J. Ma | | | DEATH | IId, y | 3, 1961 | 19 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NE White WIDOWED | DIVORCED | 6/11/99 | | 9. AGE (In years last birthday) 61 yrs. | Months Doys | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if refired) Administrative officer Dep | | TRY 11. BIRTHPLACE | (Stote or foreign of Wash. | - 0 | | S . A . |
| 13. FATHER'S NAME | | 14. MOTHER'S MA | IDEN NAME | | | |
| Thomas L. Matchett | | H | arriet 1 | E. Ramle | er | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE | | FORMANT | | | lress | |
| no ? | Eu | agene J. | Matchet | tt, Jr. | | |
| Canditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying couse lost.</u> Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUT</u> | TING TO DEATH BUT | NOT RELATED TO TH | ETERMINAL DISEAS | SE CONDITION GIV | VEN IN PART 1(o) | 9. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH | W INJURY OCCURRED | CE OF INJURY (Hon | | rt II af item 1B.) | | |
| | while foc | lory, street, office blo | | y or lowill | (County) | (State) |
| 21. I certify that I attended the deceased from alive an May 3, 19 6 f., ACTUAL SIGNATURE ANTHUR / F PHYSICIAN'S AR THUR / F NAME (Type) | Jan 15 and that death Lewis | occurred of 5 | | | and an the da | the decease the stated above DATE SIGNE |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA | ME OF CEMETERY OF | CREMATORY | | TION (City, town, | or county) | (Stote) |
| 23. FUNERAL DIRECTOR'S SIGNATURE 2901 APR | ress St. 1 | V.W. 24 | a. REC'D BY REGIS | TRAR 24b. REGI | ISTRAR'S SIGNATU | RE |

| HAROUS CONTRACTOR STADINGS OF STADINGS |
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| Marie and advice of the second state of the second |
| The first property and the contract of the first of the f |

FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pendil in item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. lay is necessary, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a

DE OL VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON

| _ | 5825 MEDICAL | EXAMINER 3 | CERTIFICATE OF DE | EATH (0011) |
|--------|---|--------------------------------|---|--|
| 1. | PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deces | sed livad, If institution: Rasidence before admission) |
| 1 | COUNTY | ********** | TATE 1 STATE | COUNTY |
| 1 | b. CITY OR TOWN (if oulside corporate limits, | c. LENGTH OF STAY IN 16 | DISTRICT OF | Columbia |
| L | write RURAL end give negrest town) | C. LENGTH OF STAT IN ID | c. CITT OK TOWN (If ourside corporate | limits, write RURAL end give neerest town) |
| | akoma tark | DOA | Washington | n 47%- |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp | itel, give street eddress) | d. STREET ADDRESS | . IS RESIDENCE |
| Tu | Dashing los Sanilanius | and Illustra | 204 Van Bu | ren Street, N. Wes TINO DE |
| 13 | NAME OF OFFICE | mand Hospital | Losi 4. DATE | Month Dey Yeer |
| | DECEASED | 1 | OF A | Monin Day Feer |
| | MAKAMA Samena | | lax well DEATH / | 144 21 1961 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED B | | GE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. |
| F | emale white widowed | DIVORCED | anuary 18, 1881 8 | O yrs. Months Deys Hours Min. |
| 10 | e. USUAL OCCUPATION (Give kind of work 10b. KII | ND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State or foreign country | 12. CITIZEN OF WHAT COUNTRY? |
| d | one during most of working life, even if retired) | | TOPL | 21 2 2 |
| 12 | FATHER'S NAME | | LReland | W1. J. Cc |
| 13 | 7 7 70 | 1) | 14. MOTHER'S MAIDEN NAME | |
| | James D. Maxwe | 1 | ysabella Joh | nson. |
| | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Ses, no, or unkown) (Ifyesgive war or datasofservice) | OCIAL SECURITY NO. 17. 1 | NFORMANT | Address |
| 1 | Done | 5. | ster + Dr. K (| |
| | 18. CAUSE OF DEATH [Enter only one cause par li | na for (a), (b), and (c).] | oler J. n. C | hapman I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY, | | 0 1.0.30 | ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) CON | cuma of | Cours fruit with | Millerlase |
| 10 | DUE TO | 1 | | |
| | Conditions, if eny, which (b) | U | | |
| | geve rise to immediate cause DUE TO | | | |
| | (e), steting the underlying cause lest. | | | |
| z | PART II. OTHER SIGNIFICANT CONDITIONS CON | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CON | IDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY |
| NOIT | 111 | | | PERFORMED? |
| | Was a Christian Screen | Tunt + Yeard | ne punly plus | YES NO Y |
| CERTIF | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | LE HOW INJURY OCCURED, (E | nter neture of injury in Part or Part II of Jam | 18.) |
| | CAUSE OF DEATH. | | , , , | |
| S | | | CE OF INJURY (Home, ferm, 20f. (City or t | own) (County) (State) |
| MEDI | Hour a.m. While at work | passing to the tell to passing | ory, street, office bldg., etc.) | |
| ~ | 21. I certify that I took charge of the remains | ا ليسا | Id on Autonou D. Inspection D | In-mi- [7] |
| | | | | |
| | death resulted from: Natural causes X, | Accident, Suici | de, Homicide, Undete | ermined manner |
| | 0 0 | | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE hand 9. 1 In | nhact | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| | EXAMINER'S | | DEPUTY MEDICAL EXAMINER | 5-28-61 |
| | NAME (Type) -KAWK J. 15 | hoschank | Address (Streat, city, town, or coun | 0 |
| 22 | | 22c. NAME OF CEMETERY OR | | (City, town, or country) (State) |
| 10 | REMOVAL (Specify) 6/1/6/ | Ft. Lin | coln F | P. Geo. Co., Md. |
| 23 | I. FUNERAL DIRECTOR | ADDRESS | 4 | 24b. REGISTRAR'S SIGNATURE |
| | 101010h B-1 | Dulantol. | . 11 | arthur . S. Kraus |
| | u a Ganders | 1. Hellhap | in If MapateMAY 31 '61 | Chillian ind. / Manne |

M) was not been been all the sent to be the sent th Tall a purious state of DURANTE - PHONE Straus stems 0 8 13851 6 promise 138303+ +4A and the second of the second o

hin 24 hours after TO HOST

L OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 nour death.

A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/60

| MARYLAN | D STATE | DEPARTMENT | OF HEALTH |
|---------|---------|------------|-----------|

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5830

CERTIFICATE OF DEATH

| 1. PLACE OF a. COUNTY | DEATH | | | 2 | USUAL RESIDEN | CE (Where da | | institution: Rasida | nce bafora a | dmission) |
|--------------------------|---|---------------|---------------------------|---------|------------------------------|-------------------|---------------------|---------------------|-------------------|---|
| Montgo | merv | | MARYLANI | | Virginia | | b. COUN | ALY. | | |
| b. CITY OR T | OWN (if outside corporate limit: | 1, | c. LENGTH OF STAY IN 1 | | c. CITY OR TOWN (I | f outsida corp | orata limits, write | RURAL and give | naarast tow | n) |
| | RAL and give nearest town) da (Rural) | | OF doors | | 43 | | | 8 3 × | -3 | |
| | HOSPITAL OR INSTITUTION (if | not in hospi | 35 days | | Alexandria d. STREET ADDRESS | 1 | - | 100 | I a IS RE | SIDENCE |
| | | nor in nospi | non, giva sinaan addioss; | | e, other Abbress | | | | ON | A FARM? |
| | Naval Hospital | | | | 408 E. Gle | endale | Ave. | don 19 | | NO X |
| 3. NAME OF DECEASED | First | | Middla | | Last | 4. DATE OF | Month | Day | Year | |
| (Type or prin | VITTE | - | Ross | MC | DERMOTT | DEATH | May | 1 | 19 | 61 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. D | ATE OF BIRTH | 9. | AGE (In years | IF UNDER 1 YEAR | IF UNDER | |
| Male | Caucasian | WIDOWED | | 1. | 1-20-34 | 0.0 | 26 yrs. | Months Days | Hours | Min. |
| 10a. USUAL OC | CCUPATION (Give kind of work st of working life, even if retired | 10b. KIN | ID OF BUSINESS OR INDU | | 3 | ly & Stala, or | | 12. CITIZEN | OF WHAT C | OUNTRY? |
| | nic Technician | " | | | Penner | vlvania | | USA | | |
| 13. FATHER'S N | | , | | 14 | MOTHER'S MAIDEN | | | ODA | 7 | |
| Ross W. | MC DERMOTT | | | | Mamie E. KF | ROMETING | | | | |
| | ASED EVER IN U.S. ARMED FOR | | OCIAL SECURITY NO. 17 | | ORMANT | COLUMNIA | Addrass | | | |
| | own) (Ifyasgivawarordatesofsa | | 0 10 0065 | 771 | View Donated | | | | 11 - | |
| Yes | 1955 to 195 | | 0-42-0365 (| W). | Mrs. Patric | :1a A. | McDermo | | as #2 |) P ==================================== |
| | E OF DEATH [Entar only one I. DEATH WAS CAUSED BY: | causa par iin | a for (a), (b), and (c).) | 7 |) (| | | | NSET AND D | DEATH |
| TAK! | IMMEDIATE CAUSE (a) | 1+ | valgKINS | L | 11scuse | | | | 4 VR | 1, |
| | DUE TO | - | | | | | | U.S. 5270 P.S. | / | |
| Conditions. | if any which (b) | | | | | | | | | |
| | immadiata causa | | | | | | | | | |
| | the underlying DUE TO | | | | | | | - 1 - 1 - 1 | | |
| cause lest. |) (c)_ | | | | | | | | | |
| PART II | . OTHER SIGNIFICANT CONDIT | IONS CONT | RIBUTING TO DEATH BUT | NOT R | ELATED TO THE TERMIN | NAL DISEASE | CONDITION GIV | EN IN PART 1(e) | | UTOPSY RMED? |
| IIV: | | | | | | | | 300000 | YES X | |
| E 20a. ACCID | ENT WAS UNDERLYING | 20b. DESC | RIBE HOW INJURY OCCU | RED. (E | nter nature of injury in I | Part I or Pert II | of item 18.) | | - | |
| | BUTING CAUSE OF DEATH | | | | | | | | | |
| ₹ 20c. TIME | OF INJURY Month, Day, Yae | r 20d. IN | JURY OCCURRED 20e. | PLACE | OF INJURY (Homa, ferm | , 20f. (City | or town) | (County) | | (Stata) |
| 0 | a.m. | Whila | Not Whila | | streat, offica bldg., atc. | | | | | |
| | p.m. 19 | at work | | | | 1 | 1 | | | |
| 21. I cer | tify that (1) (this hospital | al) attende | ed the deceased fro | m | Warch 27 | 1967 10. | May 1 | , 19.61 | that (X) (| we) last |
| | deceased alive onMa | | 19.61 , and t | | | | | | | |
| 22a. SIGN | ATURE / | 1/1 | 1 | | | | | | 22b. | DATE |
| | TX | | hut. | M.D. | | AED. DIRECTOR | STAFF PHYS. | | 5-1- | SIGNED |
| 22c. PHYSI | CIAN'S | | | | 22d. ADDRESS | | | | | |
| NAME | R. G. MUTH | L. LT. | MC. USN | | U. S. Na | val Ho | snital | Rethesda | FM F | |
| 23 BUDIAL C | REMATION, 236. DATE THER | | 23c. NAME OF CEMETE | RY OR | | | ATION (City, to | | The second second | ate) |
| REMOVAL (| Specify) | | | | | | | | (3) | , |
| Burial | 5-4-61 | | National Me | | | | s Church | | /irgin | ia_ |
| 24 FUNERAL DI | RECTOR'S SIGNATURE | | ADDRESAlexa | ndr: | ia, Va. 25a. REC | 'D BY REGIST | RAR 25b. RE | GISTRAR'S SIGNA | ATURE | |
| Cunning | gham Funeral Ho | me, Ca | | | | MAY 3 | 61 | Urthur S. 7 | Trans | |

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND ICATE OF DEATH

| 58 | 31 | CERTIF |
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| | | |

05818

| 1. PLACE OF DEATH a. COUNTY MONT | gomery | MARYLA | | usual RESIDENCE (V | Where decease | d lived. If instituti b. COUNTY | | e before odn | |
|---|---|---|--------------|---|--|---|-------------|------------------------|------------------------|
| RURAL and give ne | | write c. LENGTH OF STAY IN | 116 | c. CITY OR TOWN (IF | f autside carpo | | URAL ond gi | ve nearest to | awn) |
| OR INSTITUTION | AL (If not in hospital, give | | | d. STREET ADDRESS | | hill Ro | ad | ON | RESIDENCE I A FARM? |
| 3. NAME OF DECEASED (Type or print) | First | Middle Pau | 1 | Lost MCKay | 4. DATE OF DEATH | Mon | ith | Doy 20, | Year 19 61 |
| s. sex Male | | MARRIED MEVER MARRIED IDOWED DIVORCED [| - n | NATE OF BIRTH | 1891 | 9. AGE (In years last birthday) 70 yrs. | | YEAR IF UN Days Hau | |
| 10a. USUAL OCCUPATION during most of work Nursery | king life, even if retired) | Nursery | INDUSTRY | | | D. C. | | | State |
| 13. FATHER'S NAME | Nov | 0 13 3 | 1 | 4. MOTHER'S MAIDEN | | Lang | T7 | - 1- 2 | - D 0 |
| | R IN U. S. ARMED FORCES (If yes, give war or dates of service | | 17, INFO | Elizabe RMANT Hospit | | Add | | sningt | on D.C |
| 20a. ACCIDENT WA | mmediate the under- ter Significant Condit AS UNDERLYING COUNTY 201 | IONS <u>CO</u> NTRIBUTING TO DEATH | | | | | /EN IN PART | PER | S AUTOPSY FORMED? |
| - | Y Manth, Day, Year | 20d. INJURY OCCURRED 20 While Nat while at wark at wark | | OF INJURY (Hame, far , street, affice bldg., e | | y ar tawn) | (Co | aunty) | (State) |
| 21. I certify tha | | attended the deceased from 1964, and the | / | th accurred at 1/2. ATTENDING PHYS. | 25 , ta_ SM, fram MED. DIRECTOR | STAFF | | | |
| NAME (Type) 23a. BURIAL, CREMATIO | N, 23b. DATE THEREOF | Bonifant, MD | | | | Spring, | | (S | tate) |
| REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR WATHER | 5/24/61 signature umphrey, Inc | Gate of Hea | aven Aven | Cemetery ue 25a. RE | | TRAR 256, REGI | | Maryl NATURE | |

in by the funeral director, and 2 shauld be filed with TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the Stote Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

after death. Page 4

VR A15 (4) 15M 9/59

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TO HOW AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executiving 24 hours after the death.

S death.

Y DEFINITION OF THE PRINCIPLE STATES A may be retained by the hospital or attending physician.

Y DEFINITION OF THE PRINCIPLE STATES After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defith. ithin 24 hours after

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| MARYLAND STATE DEPARTA | MENT OF HEALTH |
|---|---|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W | . PRESTON STREET, BALTIMORE 1, MARYLAND |
| CERTIFICATE OF | DEATH (15810 |

| - | PLACE OF DEATH •. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived, If instilution | Rasidence before admission) |
|----|--|---|--|---|
| V | | MARYLAND | a. STATE b. COUNTY | |
| 1 | Montgomery b. CITY OR TOWN (if outside corporate limit | ils, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL a | nd give nearasl lown) |
| - | write RURAL end give nearest town) Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (| | Washington d. STREET ADDRESS | 1 0. IS RESIDENCE |
| 2/ | | | G. STREET ADDRESS | ON A FARM? |
| - | U.S. Naval Hospital | , Bethesda, Md. | 814 E. Street, N.E. | YES NO X |
| 1 | DECEASED | Middle | OF MONTE | |
| - | (Type or print) Elnora | Marie M | | 12 19 61 |
| | 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED B | DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months | TYEAR IF UNDER 24 HRS. Deys Hours Min. |
| 1- | Female Caucasian | | 18 June 1883 77 yrs. | 5075 Milli |
| 4 | Toe. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retire | 10b. KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (County & State, or foreign country) 12. C | ITIZEN OF WHAT COUNTRY? |
| | Housewife | | Washington, D.C. | USA |
| 1 | 13. FATHER'S NAME | | 14. MOTHER'S MATTEN NAME | |
| | James Asbury | | Hoffman | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yas, no, or unknown) (If yes give war or detes of s | | INFORMANT Address | |
| | No | | ames Edward MC LAUGHLIN Same | ac #2 ahove |
| - | 18. CAUSE OF DEATH [Enter only one | cause per ine for (e), (b), end (c).] | and havard no haddinking being | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) | bulan en es | a elemi | 7 hours |
| | LL) O DUE TO | 1 3000000000000000000000000000000000000 | A CONTRACTOR OF THE PROPERTY O | |
| | Conditions, if any, which | (1 itouspeleis | he Heart Mesasse | Sugar- |
| | gave rise to immediate ceuse | With the second | | - July |
| | (e), steting the undarlying DUE TO | | | |
| | ceuse lest. (c) | | DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | RT 1(e): 19. WAS AUTOPSY |
| 1 | PART II. OTHER SIGNIFICANT CONDI | HONS CONTRIBUTING TO DEATH BUT NO | DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | PERFORMED? |
| 1 | V O. | | | YES NO X |
| | PART II. OTHER SIGNIFICANT CONDICE 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 206. DESCRIBE HOW INJURY OCCURED | i, (Enter neture of injury In Pert I or Pert II of item 18.) | |
| | 20c. TIME OF INJURY Month, Day, Ye Hour e.m. | | CE OF INJURY (Home, farm, 20f. (City or town) (Colory, street, office bldg., etc.) | ounty) (Stete) |
| | 21. I certify that 10 (this hospi | tal) attended the deceased from | 8 May 19 61 to 12 May 19 | 2.61 that \$0 (we) last |
| | | | death occured at | |
| | 22a. SIGNATURE | | | 22b. DATE |
| | mass | and w | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. | SIGNED |
| | 22c. PHYSICIAN'S | // | 22d. ADDRESS | |
| | NAME (Type) J. M. XOUN | G LT MS USN | U.S. Naval Hospital, Bethesd | a, Maryland |
| | 23a. BURIAL, CREMATION, 23b. DATE THE | REOF 23c. NAME OF CEMETERY | | |
| | REMOVAL (Specify) 5-16-6 | 1 Arlington Nat | ional Arlington, Virgin | ia |
| | 24 FUNERAL DIRECTOR'S SIGNATURE | Arlington Nat | 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S | |
| | 7 | & Massachusetts Ave | W.D.C. PATE MAY 1 7 '61 Crubury | P 46 |
| 1- | ree Lanerar House Acu | or Passachase cos Ave | Lathar College | - Tualle |

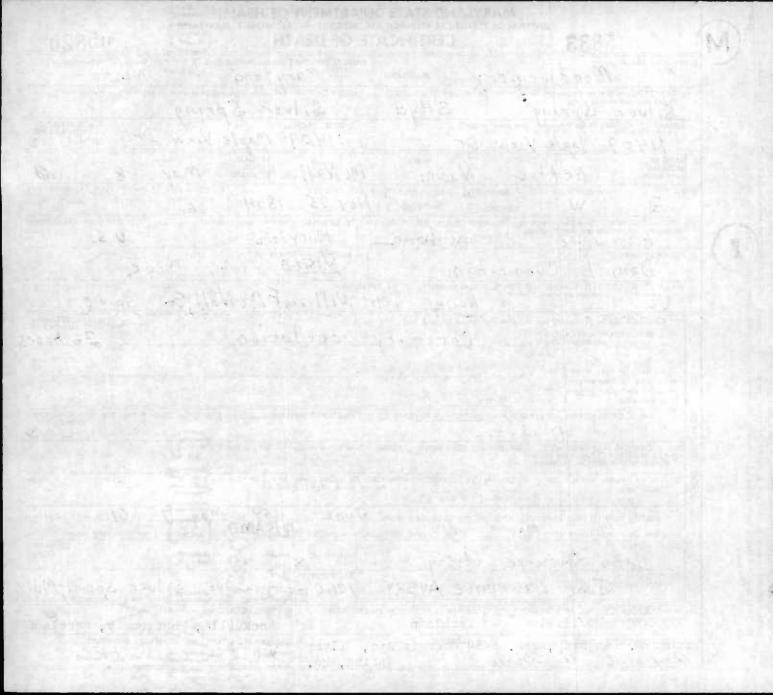
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| throughout, estimated, the light of the series of the seri | HEID WAY TO BRIEF | H. C. Micheller |
| Hallong galington, Virginia | -10-01- | Le Yud |
| Ave. W.D.C. PAYING I LAME K COM | avtermionaru a 181 e | mon fractiff of |

mea run use as the burial-transit permit. Then please remove carbaa papers. Pages 1 and 2 shauld be filed with the prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. haspital ar attending physician.

After this certificate has been signed by the attending physician and campletely filled hed far use as the burial-transit permit. Then please remave carbaa papers. Pages 1 c TINSOH OT AL

| TO FUNERAL DIRECTOR: | page 3 shauld be detacl | the State Board of Healt | E Constitution of the cons |
|----------------------|-------------------------|--------------------------|--|
| A15 (| 4) | | P |

|) | 5833 | CERTIFICA | TE OF DEATH | 05820 |
|--|---|--------------------------------------|--|--|
| 1. PLACE OF DEATH 6. COUNTY | Montgom | ery MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. It of state Mary land b. (| finstitution: Residence before admission) COUNTY Montg |
| b. CITY OR TOWN RURAL ond give r | | rite c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits | |
| d. NAME OF HOSP OR INSTITUTION | TAL (If not in hospital, give s 9 Maple Vie | treet address) | d. STREET ADDRESS Maple VI. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Nettie | Maom 1 | Mc Not 1 4. DATE OF DEATH | Month B Day Yeor 1961 |
| 5. SEX F2 | 111 | MARRIED NEVER MARRIED DOWED DIVORCED | Nov 25 1894 9. AGE (lost bi | rthday) Months Days Hours Min. |
| 10a. USUAL OCCUPATI during most of wo | rking life, even if retired) | 106. KIND OF BUSINESS OR INDI | JSTRY 11. BIRTHPLACE (Stote or foreign country) Mary /= nd | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME Dan | iel Cunni | ngham | 14. MOTHER'S MAIDEN NAME Naomi | Dick |
| 15. WAS DECEASED EV (Yes, no, or unknown) | (ER IN U. S. ARMED FORCES) (If yes, give war or dates of service | | 1- William FMc Nall | Sh Same |
| | immediate DUE TO | per line for (a), (b), and (c).] | y occlusion | INTERVAL BETWEEN ONSET AND DEATH 36 Neur |
| CATIC | Diabe | tes | T NOT RELATED TO THETERMINAL DISEASE CONDITED. (Enter noture of injury in Port I or Part II of iter | PERFORMED? YES NO 🖸 |
| S 20c. TIME OF INJU | G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Year 2 | 20d. INJURY OCCURRED 20e. P | LACE OF INJURY (Home, farm, 20f. (City or town) | |
| p. m. 21. I certify th | 19 | tended the deceased fram. | death accurred at 1315 Million the cau M.D. ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS. | uses and an the date stated abave. 22b.DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) | | rence AVERY | 10110 Georgia Ave. | Silver Spring, Md. |
| 23a. BURIAL XREMAT | | 23c. NAME OF CEMETERY O | | y, town, or county) (Stote) Montgomery, Maryland |
| Raymon | SSIGNATURE, Inc. | | re, Sidve 250. REC'D BY REGISTRAR 2 Dring, Md DATE MAY 12'61 | 5b. REGISTRAR'S SIGNATURE Cultury S. Huste |



TO HOW L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after a death.

S death.

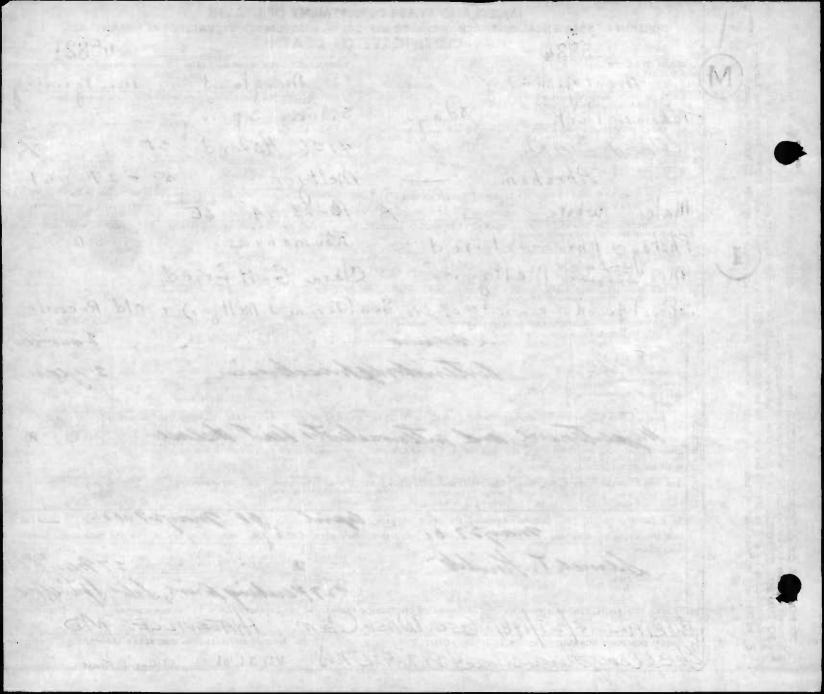
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please requove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 5834 | | 00821 |
|---------------|---|--|--|
| | PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, If institution; R | esidanca before admission) |
|) | a. COUNTY Montgemery MARYLAND | . STATE Maryland b. COUNTY M | outcomery |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give) nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and | giva neerest town) |
| _ | Takone Park 3 days - | Silver Spring 3 | 4 |
| - | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | a. IS RESIDENCE |
| | WASH. SAN. | 4106 Havard st | YES NO NO |
| 3. | NAME OF First Middla Middla | Last 4. DATE Month OF | Day Yaar |
| | (Typa or print) Mraham | Meltzen DEATH 3 - | 2/ 1961 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months | YEAR IF UNDER 24 HRS. Days Hours Min. |
| 10 | Male white widowed Divorced | 10-23. 44 65 yrs. | |
| do | USUAL OCCUPATION (Give kind of work and used of work and used of working life, even if refired) | | ZEN OF WHAT COUNTRY? |
| 1 | horographer - retired | Roumania. | sa. |
| 13. | FATHER'S NAMESAAC MILL | 14. MOTHER'S MAIDEN NAME | |
| 15 | Mr. Jeine Melizer | Clara Gott fried | |
| | s, po, or unkown) (Ifyesgivawarordatasofservica) | INFORMANT Address | 101 |
| 1 | | in (derome J. Meltger) + Old | Records |
| | 1B. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) | | 2 months |
| | DUE TO | throse prosis | |
| | Gonditions, if any, which gave rise to immediate cause | emecures | 2 years |
| | (a), stating the underlying DUE TO | | |
| | Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OV BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART | NOVE AND WAS AUTORSY |
| TION | 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | of RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | PERFORMED? |
| FICA | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE | O. (Enter nature of injury in Part I or Part II of itam 1B.) | YES NO |
| CERTIFICATION | OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 5. (Enter nature of injury in Part I of Part II of Italia sp.) | |
| Y. | | ACE OF INJURY (Home, farm, † 20f. (City or town) (Cour | nty) (State) |
| WEDICAL | at week at week | tory, streat, office bldg., etc.) | |
| ~ | 7 | (mail: 1060 mar 7710 | 6 / that (1) (wa) last |
| | 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on | | |
| | 22a. SIGNATURE | death occured allering from the causes and on the | 22b. DATE |
| | Servet To Hembell | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. | 7 Proper 6 |
| | 22c. PHYSICIAN'S | 22d. ADDRESS | 1.1. |
| | NAME (Type) | 927 Pershing from Jels | a spring ma |
| 238 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county | (Stata) |
| E | SUP, AL (Specify) 1/29/1961 (2EO. WAS | H.C. EM. HYATTSVILLE, | ND. |
| 34 | NUMERAL DIRECTOR'S SIGNATURE ADDRESS | 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S S | IGNATURE |
| 2 | Heddenre Turend Jones 4-217-92 | L NED DATE MAY 31 '61 and g | Knows |
| | | | |



| RCH | AND | RECORI | DS | BALTIMORE | 1, MARYLAND | | - 15. | 4.4 |
|-----|-----|--------|-----|-----------|-------------|----|-------|-----|
| IC | ATE | OF | DE/ | HTA | | Vi | 582 | 3% |

| 8 | 5835 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS BALTIMORE 1, MA CERTIFICATE OF DEATH |
|--------|------------|---|
| 1 PLAC | E OF DEATH | 2 SICSIAI DECIDENCE (W/Lors decored liv |

| a. COUNTY | MARYIAND | a. STATE | ere deceased lived. It institution: | Residence before admission) |
|--|----------------------------|------------------------------------|-------------------------------------|-------------------------------|
| Montgomery | MARYLAND | District of | Columbia | |
| b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If au | etside carporate limits, write RUR | AL and give nearest tawn) |
| Bethesda | 39 days | Washington | | 47% |
| d. NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION | address) | d. STREET ADDRESS | | 815 e. IS RESIDENCE |
| The Clinical Center, Beth | nesda 14. Md. | 3636 - 16th | Street, N.W. A | pt. A- YES NO NO |
| 3. NAME OF First | Middle | Last | 4. DATE Month | Day Yeor |
| (Type or print) Irvin | Fletcher | Meyer | OF DEATH May | 21 19 61 |
| S. SEX 6. COLOR OR RACE 7. MARI | RIED NEVER MARRIED | B. DATE OF BIRTH | | UNDER 1 YEAR IF UNDER 24 HRS. |
| Male White widow | ED DIVORCED | August 3, 19 | 19 last birthday) N | Manths Days Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. during mast of warking life, even if retired) | KIND OF BUSINESS OR INDUS | STRY 11. BIRTHPLACE (Stote of | ır foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Actuary Internal U. | S. Government | Ohio | | U.S.A. |
| 13. FATHER'S NAME Revenue | | 14. MOTHER'S MAIDEN N | AME | |
| Emanuel M. Meyer | | Julia Holzl | perg | |
| 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. IN | | ical Record Address | |
| Yes, no, or unknown) (If yes, give war or dates of service) Ur. | | | Center, Bethesd | |
| 18. CAUSE OF DEATH Enter only one cause per li | | | , , , , , , , , , , , , , , , | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | morrhagic Pneum | າດກຳລ | | ONSET AND DEATH |
| IMMEDIATE CAUSE (o) | TOT THE THE THEM | IOIILa | | Z4 Hours |
| 2U43 DUE TO | and a Maral amanan | a Taulsamia | | 7 Months |
| gove rise to immediate | cute Myelogenou | is Leukenita | | / FIOREIRS |
| cause (a), stating the under- | | | | |
| lying cause last.) (c) | | | | 1 |
| PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | ALD ISEASE CONDITION GIVEN | PERFORMED? |
| 5 | | | | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH | SCRIBE HOW INJURY OCCURRED | D. (Enter noture af injury in P | ort I ar Part II af item IB.) | |
| 20c. TIME OF INJURY Month, Day, Year 20d. I Haur a.m. 19 While at war | | ACE OF INJURY (Hame, farm, | | (Caunty) (State) |
| Haur a.m. White at war | IAUI WIIIIE | ctory, street, office bldg., etc.) | | |
| | | Ammil 10 10 | (1 . M 01 | 2062 4 |
| 21. I certify that (I) (this haspital) attend | | | | |
| saw the deceased alive an May 21 | 19_QL, and that d | leath accurred aty | Martiam the causes and | an the date stated above. |
| Y) in cont H 30 | no n. | M.D. ATTENDING ME | D. STAFF PHYS. 5 | 6-21-61 SIGNED |
| 22c. PHYSICIAN'S | Imple | 22d. ADDRESS The | Clinical Cente | r. National |
| NAME (Type) Vincent H. Bon | o Jr.D. | | s of Health, Be | thesdallh Md. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY OF | | 23d. LOCATION (City, tawn, or o | |
| REMOVAL (Specify) Removal 5-23-1961 | Judo Toroal | | Cincinnati, | Ohio |
| 24. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Was | | | RAR'S SIGNATURE |
| Dazerel Constant Done Some | 1756 Pa But | | V 0 4 704 | ing & Kraus |

TO HOSPIT RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the state death. Page 4 may be received by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

the administrate the second decide of the second second

death.

TO HOS?

L OR ATTENDING PHYSICIAN: The law requires that the gean commerce we considered that the funeral death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoy carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any ent, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 5836 | CERTIFICAT | E OF DEATH | | (| 15823 |
|--|----------------------------------|---------------------------------|---|-----------------|-------------------------|
| 1. PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE | CE (Where deceased lived, If i b. COUN | | nce before edmission |
| b. CITY OR TOWN (if outside corporate limits, | MARYLAND | Maryland | | Montgom | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | f outside corporete limits, write | RURAL end give | neerest town) |
| Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in | 87 days | Bethesda | 3 | 46 | 15 BECOENCE |
| d. NAME OF HOSPITAL OR INSTITUTION (IF hof In | hospitel, give street eddress; | d. STREET ADDRESS | | | IS RESIDENCE ON A FARM? |
| II S Naval Hognital Ret | nesde Mervannd | 5615 McI | Cinley Street | | YES NO |
| U.S. Naval Hospital, Bet | Middle | Last | Cinley Street 4. DATE Month | Day | Yeer |
| (Type or print) Francis | Gerard | WILLER | DEATH MAY | 27 | 1961 |
| 5. SEX 6. COLOR OR RACE 7. MA | | DATE OF BIRTH | | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | August 1806 | last birthdey) | Months Deys | Hours Min. |
| | NED KIND OF BUSINESS OR INDUSTR | August 1896 | ty & Stele, or foreign country) | 1 12 CITIZEN C | OF WHAT COUNTRY |
| done during most of working life, even if retired) | | Washington | | USA | |
| U.S. Marine Corps 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | | |
| Henry J. Miller | | Martha Upto | | | |
| | 16. SOCIAL SECURITY NO. 17. I | | Address | | |
| (Yes, no, or unkown) (Ifyesgivewerordetesofservice) | | | | 0 4 2 0 | horre |
| yes WW II | | Miss Carol I | Willer same | as # 2 a | |
| 18. CAUSE OF DEATH [Enter only one cause p | per line for (e), (b), and (c).) | | | IN O | TERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | onchogenic carcin | noma, lung, v | with metastasi | | 8 mos. |
| /62./ DUE TO | achogonito caron | | Z VII ZIJO OVIZ OVIZ X | | 200 |
| Conditions, if eny, which (b) | | | | | |
| geve rise to immediate cause | | | | | |
| (e), steting the underlying cause lest. | | | | | |
| 10/ | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | NAL DISEASE CONDITION GIV | EN IN PART 1(e) | 19. WAS AUTOPSY |
| 01 | | | | | PERFORMED? |
| Y | | | | | YES X NO |
| PART II, OTHER SIGNIFICANT CONDITIONS (200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURED | . (Enter neture of injury in I | Pert I or Pert II of item 18.) | | |
| 20c. TIME OF INJURY Month, Day, Year 20 | d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm | 20f. (City or town) | (County) | (Stete) |
| | THE THE THE | ory, street, office bldg., etc. |) | | |
| | work et work | | ! | 7- | |
| 21. I certify that ((this hospital) at | tended the deceased from | 3-1 | 19.61 to 5-27 | , 19.61, | that (1) (we) la |
| saw the deceased alive on 5-27 | 1961, and that | death occured 35 | AM, from the causes | and on the d | ate stated above |
| 22e, SIGNATURE | ^ ^ | ATTENDING A | AED STAFF | | 22b. DATE SIGNE |
| T. H. O' Co | mill & M | minim m | RECTOR PHYS. | 27 May | / . |
| 22c. PHYSICIAN'S | | 22d. ADDRESS | | | |
| NAME (Type) F. H. O'CONN | ELL, LCDR, MC | USN.S. Navs | al Hospital, B | ethesda, | Maryland |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) | 23c. NAME OF CEMETERY | | 23d. LOCATION (City, tow | | (Stete) |
| Burial 5-31-61 | ArlingtonnNati | omal Cemeter | ARlington, | Virgini. | 8 |
| 24 ONERAL DIRECTOR'S SIGNATURE | ADDRESS | 25e, REC | D BY REGISTRAR 256. REC | SISTRAR'S SIGNA | TURE |
| R.A. PHIMPHTEV | Visconsi Avenue | DATE M | AY 31 '61 O | Inthun S. Hr | all |
| Bethe | sda, Maryland | , (40 | | | |

Lary Land 1,222,000,500,1 William Control of By days Retherent the market despited, to mean, we make the leading to the in direction aircoll Male Cambatan k 2 August 1895 64 Wessingues, D.C. v.s. taring Corps no.cu adizan 101111 .. (110) ovoco S 4 ar esat telli lorso esim (0) -II A cet Brenchegelic cereiness, long, with metracusts 6 mos.

F. H. O'CONGERS, LODR, MC USW.S. Mavel Wosciscl, Sechesis, Maryland

10

Time to the state on the state of the state

TO HOS

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute hin 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. hin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF BEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

U5824 5837

| a. COUNTY | | 2. USUAL RESIDEN | CE (Where dece | | | ence perore admission) | |
|--|------------------------------|------------------------------|---------------------|---------------------------------|---|------------------------|--|
| Montgomery | Maryland Montgomery | | | | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Bethesda (Rural) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | f outsida corpor | | | a nearast town) | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in h | | d. STREET ADDRESS | | | | . IS RESIDENCE | |
| | | F30 5 33 | | | 1 28 2 | ON A FARM? | |
| U. S. Naval Hospital | Middle | 519 Beall | Avenue | Month | Da | | |
| DECEASED | Middle | Lasi | OF | Monne | -/ | | |
| (Type or print) Richard | Wagonen | MINDTE | DEATH | May | | 19 61 | |
| 5. SEX 6. COLOR OR RACE 7. MARI | RIED NEVER MARRIED 8 | , DATE OF BIRTH | | AGE (In yeers last birthday) | Months Deys | | |
| Male Caucasian widow | VED DIVORCED | 10-15-04 | | 56 уля. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Coun | ty & State, or fo | reign country) | 12. CITIZEN | OF WHAT COUNTRY? | |
| | . S. Navy | Illino | ois | | USA | | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | | |
| Carl MINDTE | | Lola FERN | | | | | |
| | 6. SOCIAL SECURITY NO. 17. | | | Address | | | |
| Yes (Yes, no, or unkown) (Ifyesgivewerordetasofsarvice) WWII-Korean | 553-16-2519 (S |) | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause pe | | | - | | 11 | NTERVAL BETWEEN | |
| PART I DEATH WAS CALISED BY. | | 0 | | | | DISET AND DEATH | |
| 1420 / DUE TO | te myocardial i | nfarct, poste | erior se | eptal | - | haurs | |
| Conditions, if any, which (b) | | | | | | | |
| gave rise to immediate cause | | | | | | | |
| (a), stelling the underlying Course lest. | | | | | | | |
| (0) | ONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMIN | NAL DISEASE CO | ONDITION GIV | EN IN PART 1(e) | 19. WAS AUTOPSY | |
| Calcific aortic stenos | is; rt. upper l | obe pneumonia | a. | | | YES NO | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCURED | . (Enter neture of injury in | Pert I or Pert II o | of item 18.) | | | |
| 20c. TIME OF INJURY Month, Dey, Yeer 20c. Hour a.m. Wi | | CE OF INJURY (Home, fern | | or town) | (County) | (Stete) | |
| p.m. 19 et w | ork at work | | | | | | |
| 21. I certify that ((this hospital) alle | ended the deceased from. | April 26 | 19.61 to | May. 16. | , 1961 | that (X) (we) last | |
| saw the deceased alive on. May 1 | 5 19 61 , and that | death occured at | M, from | the causes | and on the | date stated above | |
| 22a. SIGNATURE | 0 | | | | | 224 DATE | |
| KENNETh V. Har | Manage | | MED. | STAFF PHYS. | | 5-16-61 | |
| 22c. PHYSICIAN'S | | 22d. ADDRESS | | | | | |
| NAME (Type) Kenneth V. HARS | SHMAN, LT. MC. I | ISN U. S. Na | val Hos | nital. | Rethesd | e Md | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCAT | ION (City, to | wn or county) | (State) | |
| REMOVAL (Specify) | | | Arlin | gton | Vi | rginia | |
| Burial 5-19-01 24 FUNKAL DIRECTOR'S SIGNATURE | Arlington Nat | 25e. REG | 'D BY REGISTR | | GISTRAR'S SIGN | | |
| - mon wheele | - | M/ | AY 2 2 '61 | | ribur S. Kr | | |
| Tyson Wheeler Funeral Home | , Rockville, Mo | DATE | | | | | |

ASPEN. unel and vil: ... Car and Shrive of L. C. Maryana ... Vair . O . O Just Bull Premus OL VAL in april Richard barnen 10-15-01 Malo Causasian was 100 U. B. U.S. STOREL LIE (a) 9252-1-855 (b) 23-10-2519 (c) B***UBI Issues tolkermoo Jetain Lakrimooyn asmok Culcirio mortio scanonis; no moper lede neutral 00 gril 20 0: 30 Mil 19 15 61 x U.C 771. 10 10-01-0 Monness V. Mindell, II, MC, Uth U. J. March Hospital, Secusia, In. rington / Light First Server deligion National typen theeler angers, tome, kerkyille, ii.

nin 24 hours after death. It may be retained by the hospital or attending physician. TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE OF DEAT | н | | | | nstitution: Rasidence perore admission) | | |
|--------------------------------|---|--|--|---------------------------------------|---|--|--|
| Montgomer | v · | MARYLAND | South Car | rolina b, COUNT | | | |
| b. CITY OR TOWN | (if outside corporata limits, d giva naarast town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | l (If outsida corporate limils, writa | RURAL and give nearest town) | | |
| Bethesda | 4 | 212 days | Orangeburg | | | | |
| d. NAME OF HOSPI | ITAL OR INSTITUTION (if not | in hospital, give street address) | d. STREET ADDRES | S | e. IS RESIDENCE | | |
| II S Nev | al Hospital | | 416 Ellis | a Avenue | YES NO | | |
| 3. NAME OF | First | Middla | Last | 4. DATE Month | Day Year | | |
| (Typa or print) | Edward | | MINTZ. | OF DEATH May | 18 19 61 | | |
| 5. SEX | 6. COLOR OR RACE 7. M | ARRIED NEVER MARRIED X 8 | . DATE OF BIRTH | 9. AGE (In years | | | |
| Male | | DOWED DIVORCED | 3-9-47 | last birthday) | Months Days Hours Min. | | |
| 10a. USUAL OCCUPAT | TION (Giva kind of work | 106. KIND OF BUSINESS OR INDUSTR | 0 / | | 12. CITIZEN OF WHAT COUNTRY? | | |
| done during most of w | orking life, aven if ratired) | | South (| Carolina | USA | | |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDE | | 0071 | | |
| Lonnie E. | MTNING | | Lillie Ma | | | | |
| | VER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. I | | Addrass | | | |
| (Yas, no, or unkown) | If yas giva war or dates of sarvice | 9) | | | | | |
| No | DE MINISTER AND ADDRESS OF THE PARTY OF THE | 1 41 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | ospital Rec | oras | I INCTERVAL RETURENT | | |
| | TH WAS CAUSED BY: | a per line for (a), (b), and (c).] | • | | ONSET AND DEATH | | |
| TAKI I. DEAI | IMMEDIATE CAUSE (a) | septiceme | 4 | | of day | | |
| 1277 | DUE TO | 0 1 | 1 1 | | () | | |
| Conditions, if an | y, which) (b) | Ananulo | an tosas | - La State of Park | 1 mon9 | | |
| gave rise to Immad | DIJETO | | | | | | |
| (a), stating tha causa last. | underlying | | | | | | |
| Z PART II. OTHE | R SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | MINAL DISEASE CONDITION GIVE | N IN PART 1(a) 19. WAS AUTOPSY | | |
| | Malabens | [] | 01111 | M minles | HO PERFORMED? | | |
| 20a ACCIDENT W | 1 1101 100 | DESCRIBE HOW INJURY OCCURED | | in Part I or Part II of itam IR | 1/2 | | |
| OR CONTRIBUTING | CAUSE OF DEATH | . DESCRIBE NOW INSORQUE GEOREE | , (Elliot Holdid of Injury) | | | | |
| 20c. TIME OF INJI Hour a.m. | URY Month, Day, Year | | CE OF INJURY (Homa, fa ory, streat, office bldg., a | | (County) (State) | | |
| p.m. | 19 | at work at work | | | | | |
| 21. I certify | that 🕱 (this hospital) | attended the deceased from | Oct. 18 | 19 60 to May 18 | , 19.61, that X) (we) last | | |
| saw the decea | sed alive on May | | | | and on the date stated above | | |
| 22a. SIGNATURE | 1/1 | | | | 22b. DATE | | |
| | Et 8C | Ahren | ATTENDING PHYS. | MED. STAFF DIRECTOR PHYS. | 5-18-61 | | |
| 22c. PHYSICIAN'S | 1 | word w | .D. PHYS. | DIRECTOR THE PARTY |)-10-01 | | |
| NAME (Type | | LT. MC. USN | | al Hospital, Be | thesda, Md. | | |
| | ION, 236. DATE THEREOF | 23c. NOWE OF CEMETERY | OR GEMATORY | 23d. LOCATION (City, tow | n or county) (Steta) | | |
| REMOVAL (Spacify | ment J-23- | of Mula | 6 | Orangeburg | So. Carolina | | |
| 4 FUNERAL DIRECTO | | ADDRESS | 25a. F | REC'D BY REGISTRAR 256. REG | | | |
| | | 7th St., NW, Washi | | | hur S. Kraus | | |
| pacon rune. | Tar Tome 1 (22 | Ton bo., MM, Mash | IDAIN | | 20, 100 | | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5839 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY a. STATE Montgomery Montgomery MARYLAND Maryland \$ 7 £ c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits. pue c. LENGTH OF STAY IN 16 deat px write RURAL end give neerest town) 5 Takoma Patk Silver Spring, hours after Pages pa d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Washington Sanitarium and Hospital Galveston Road papers. 4. DATE 3. NAME OF complete 72 DECEASED OF (Type or print) DEATH Mitchell May 26 C carbon Withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) and Months Mala WIDOWED [DIVORCED event, 26. physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) none Marvi and none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending William Landon Mitchell Marv Carol Darby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give wer or detes of service no no mother no Dermit. 1B. CAUSE OF DEATH [Enter only one cause for one for (e), (b), and (c) physician. þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed burial-transit DUE TO aftending ₩e Conditions, if any, which peen (b) gave rise to immediate cause The DUE TO (e), steting the underlying has couse lest. the 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY certificate CERTIFICATION hospital 95 0 use prior 2De. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH the After this detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 2Dc. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. 0 et work et work may be retaine DIRECTOR: p.m. 9 pluods 220. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. eged 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Washington Sanitarium and

HO death. TO FUNE VR A15 (4) 15M 9/60

Robert A. Hare, M. D. Wash. San. & Hespital

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Cremation

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE

Heshit

e. IS RESIDENCE ON A FARM? YES NO

Yeer

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO 3

(Stete)

DATE

26 - 6]

(Stete)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

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Mary 26, 1961

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TO HOW CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death.

TO FULERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 58411 | U382b |
|--|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE Where deceased lived, If institution: Residence before admission) |
| Montagnery MARYLAND | o. STATE Md. b. COUNTY Montgomery |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate fimits, write RURAL end give nearest town) |
| write RURAL end give nearest town) | Silver Chrina |
| d. NAME OF HOSPITAL OR VISTITUTION (if not in hospital, give street address) | d. STREET ADDRESS 0. IS RESIDENCE |
| | d. STREET ADDRESS ON A FARM? |
| Washington Sanitarium Horp. | 10010 STEEDIACKED IN.) YES NO IN |
| 3. NAME OF DECEASED First Middle | Last 4. DATE Month Dey Year |
| (Type or print) Lillian Ella | 17000 DEATH 57 23- 1961 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | Laterated A. A. |
| WIDOWED DIVORCED | 7-27-99 Months Days Hours Min. |
| 100. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR | Y F 11, BIRTHPLASE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| Daby Si The Even if relired | 14 71.5.4. |
| | 171 |
| 13. FATVER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Ernest Due Germany | Johanna Schooler Germany |
| | NFORMANT Address |
| We will have a serviced and the serviced | ashington Sunitarium Tospital Rea |
| 18. CAUSE OF DEATH [Inler only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | I had bless and a see ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | apac pringivoge 7 nas. |
| DUE TO COLLA 1 200 | 1. 1. |
| Conditions, if any, which (b) | cular disease 3-10 grs. |
| gave rise to immediate cause (e), stating the underlying DUE TO | |
| cause last. | lan Typerdinain 10 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | PERFORMED? YES TO NO THE |
| 10 | |
| OR CONTRIBUTING CAUSE OF DEATH | . (Enter neture of Injury in Part I or Pert II of item 18.) |
| | |
| 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.) |
| 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. 49 While Not While fact at work at work at work | ory, sheet, office bidg., etc.) |
| | march , 19.58 to May 23, 19.61, that (1) (we) last |
| 21. I certify that (I) (this hospital) attended the deceased from | 19.02, 10 |
| | death occured away, from the causes and on the date stated above |
| 22e. SIGNATURE | ATTENDING MED. STAFF 22b. DATE |
| of Judica Barr M | |
| 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS |
| NAME (Type) J. Frederick BARR, MD | 4500 College Ave, Callege PARK, Md. |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| REMOVAL (Specify) | Hudeon Torre |
| Transit-Burial 5/28/61 Hudson Cemete | 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE |
| Warman P Demakes To Called C | MAV m = 365 |
| daymond a zisha Silver Spring. M | ary land DATE AN 29 01 Chilling & Hanne |

11 JE 12 11 1 1895 Contraction delicano The state of the s Land of the state they is not as a sure of the s of destroyed board and and Three son a star of the time of the fire the warming . Complete, Inc. Biller Spring, Northnood at MAX complete the
FOR STATE HEALTH DEPT.

TO DEP. It MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any casy is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit per fit. File pages 1 and 2 with the State Board of Health, or list designated agent, prior to burial, cremation, or removal, and in the east, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

| | 5.8 | 41 MED | ICAL | EXAMIN | NER'S | CERTIFICAT | TE OF | DEATH | | MAR | 582 | 7 |
|-----------------------|--|--|--|--|---------------------------------|---|--|---|--------------|------------|----------------|-------------------|
| | PLACE OF DEATH | | | | | 2. USUAL RESIDEN | CE (Where de | ceesed lived, If | institution: | Residen | ce before | dmission |
| | e. COUNTY | | | | | * Maryland | | b. COUN | rgome | שיד | | |
| | Montgome | ry | | | YLAND | | | | 00 | -0 | | , |
| | write RURAL and | if outside corporete limit give neerest town) | 5, | e. LENGTH OF ST. | AT IN ID | c. CITY OR TOWN (| in outside corpo | rele limits, write | KUKAL en | d give i | neerest low | /n} |
| | Olney | | | D.O.A. | | Ashton | 1 | | | | | |
| 0 | MAME OF HOSPI | FAL OR INSTITUTION (in | noi in nost | piter, give street edd | Iress) | d. STREET ADDRESS | 1 | | | | | A FARM? |
| di, | Montgome: | ry General | Hospi | tal | | | | | | | YES | NO X |
| 3. | NAME OF | First | • | Middle | | Lesi | 4. DATE | Month | | Day | Yee | r |
| | (Type or print) | CORDELIA | | FRANCES | M | OORE | OF DEATH | May | 27 | | 19 | 61 |
| 5. | SEX | | 7. MARRIEI | | | DATE OF BIRTH | 19. | | IF UNDER 1 | YEAR | IF UNDER | |
| | | - | | | | 0.0 | | last birthdey) | Months | Days | Hours | Min. |
| - | iemale | white | WIDOWE | | Lari | 3-1-1887 | | [4 yrs. | | | | |
| | | ION (Give kind of work rking life, even if retired | () | ND OF BUSINESS O | R INDUSTRY | 11. BIRTHPLACE (State | or foreign cour | ntry) | | | F WHAT C | OUNTRY |
| | housew | | 0 | run sto | more and a second | Virginia | | | | U.S | .A. | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | | | |
| | yrpn | warn | | | 11214 | Maker | rown | | | | | |
| 15. | WAS DECEASED EV | ER IN U.S. ARMED FOR | ZES? 16. | SOCIAL SECURITY | NO. 17. II | VFORMANT 1021 | Briggs | Charley | Road | 1. S | ilver | , |
| (Ye | s, no, or unkown) (I | fyes give wer or detes of se | rvice) | sone | 3 | | | | | | ing, | Ma |
| | 18 CAUSE OF D | EATH [Enter only one | cause per li | ne for (a) (b) and (| | ghter - Fran | ices voi | nigmache |)I. | _ | ERVAL BET | TAUCEN! |
| | CONTRACTOR OF THE RESIDENCE OF THE RESID | H WAS CAUSED BY: | cause per ii | ne tor (e), (b), end (| (c).] | | | | | ON | SET AND I | DEATH |
| | | IMMEDIATE CAUSE (e)_ | cor | onary occ | lusio | n | | | | 5 | udden | 1 |
| | 420. | DUE TO | | in differen | | | | | | | | |
| | Conditions, if eny | which > | | | | | | | | | | |
| | | , which (b) | | | | | | | | | | |
| | gave rise to Immedi | ete cause | | | | | | | | | - | |
| ď | (e), steting the u | ele cause | | | | | | | | | | |
| | (e), steting the uncause lest. | ete cause nderlying DUE TO | | | | | | | | | | |
| NO | (e), steting the uncause lest. | ete cause nderlying DUE TO | IONS CON | TRIBUTING TO DEA | TH BUT NO | T RELATED TO THE TERMI | NAL DISEASE C | ONDITION GIV | EN IN PAR | T 1(a) 1 | 9. WAS A | |
| ATION | (e), steting the uncause lest. | ete cause nderlying DUE TO | IONS CON | TRIBUTING TO DEA | TH BUT NO | T RELATED TO THE TERMI | NAL DISEASE C | ONDITION GIV | EN IN PART | | PERFO | UTOPSY' |
| THICATION | (e), steting the uncause lest. | ote cause nderlying DUE TO (c) R SIGNIFICANT CONDIT | | | | T RELATED TO THE TERMI | | | EN IN PAR | | PERFO | RMED? |
| CERTIFICATION | (e), steting the ucause lest. PART II. OTHER 20a. EXTERNAL CAPRIMARY or CO | ete cause nderlying DUE TO (c) SIGNIFICANT CONDIT | | | | | | | EN IN PART | | PERFO | RMED? |
| AL CERTIFICATION | (e), steting the ucause lest. PART II. OTHER 20e. EXTERNAL CAPRIMARY Or CO | ete cause nderlying DUE TO (c)_ R SIGNIFICANT CONDIT AUSE WAS NTRIBUTING [] | b. DESCRI | BE HOW INJURY O | CCURED. (E | nter neture of injury in Per | i or Pert II of i | item 18.) | | 1 | PERFO PES | RMED? |
| | PART II. OTHER 20a. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH. 20c. TIME OF INJU | ete cause nderlying DUE TO (c)_ R SIGNIFICANT CONDIT AUSE WAS NTRIBUTING 20 | DESCRI | BE HOW INJURY OF | CCURED, (E | | n, 20f. (City | item 18.) | EN IN PAR | 1 | PERFO PES | RMED? |
| MEDICAL CERTIFICATION | (e), steting the ucause lest. PART II. OTHER 20e. EXTERNAL CAPRIMARY Or CO | ete cause nderlying DUE TO (c)_ R SIGNIFICANT CONDIT AUSE WAS NTRIBUTING [] | b. DESCRI | BE HOW INJURY OF | CCURED, (E | ater neture of injury in Per | n, 20f. (City | item 18.) | | 1 | PERFO PES | RMED? |
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| | (e), steting the ucause lest. PART II. OTHER 20a. EXTERNAL CAPRIMARY ☐ or COCAUSE OF DEATH. 20c. TIME OF INJUHOur e.m. p.m. 21. I certify th | ete cause nderlying DUE TO (c) R SIGNIFICANT CONDITATION OF CONDITATION OF CONTRIBUTING PARTY Month, Day, Year 19 19 19 19 19 19 19 19 19 19 19 19 19 | Pb. DESCRI | NJURY OCCURRED NOT While of work | 20e. PLAC fecto | TE OF INJURY (Home, ferry, street, office bldg., etc | n, 20f. (City Inspection | or town) | (Cou | inty) | PERFO | NO (State) |
| | 20a. EXTERNAL CAPRIMARY OF OCCAUSE OF DEATH. 20c. TIME OF INJU-Hour e.m., p.m. 21. I certify the death resulted for the control of the cont | ete cause nderlying DUE TO (c) R SIGNIFICANT CONDITATION OF CONDITATION OF CONTRIBUTING PARTY Month, Day, Year 19 19 19 19 19 19 19 19 19 19 19 19 19 | Pb. DESCRI | NJURY OCCURRED NOT While of work | 20e. PLAC fecto | ter neture of injury in Period E OF INJURY (Home, ferning, street, office bldg., etc.) d an Autopsy , de , Homicide CHIEF MEDICAL | n, 20f. (City Inspection Und | or town) . Inquir | (Cou | and | PERFO | ORMED? NO (Stete) |
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| | 20s. EXTERNAL CAPRIMARY OF OF CAUSE OF DEATH. 20c. TIME OF INJUHOUS P.m. 21. I certify the death resulted facture. SIGNATURE EXAMINER'S | ete cause nderlying DUE TO (c) | Pb. DESCRI | NJURY OCCURRED NJURY OCCURRED Not While et work ains described a Accident | 20e. PLAC fecto | ter neture of injury in Per EE OF INJURY (Home, fern ry, street, office bldg., etc d an Autopsy, de, Homicide CHIEF MEDICAL ASSISTANT MED | Inspection Und | or town) . Inquir letermined m . R | (Cou | and | PERFO YES I | ORMED? NO (Stete) |
| | (e), steting the ucause lest. PART II. OTHER 20e. EXTERNAL CAPRIMARY ☐ or CO CAUSE OF DEATH. 20c. TIME OF INJUHOUT e.m.p.m. 21. I certify the death resulted for the control of the c | ete cause nderlying DUE TO (c) R SIGNIFICANT CONDITION OF SIGNIFICANT C | 20d. I While of work the remuses X. | NJURY OCCURRED NJURY OCCURRED Not While et work ains described a Accident | 20e. PLAC fecto bove, hel | ter neture of injury in Period E OF INJURY (Home, ferning, street, office bidg., etc.) d an Autopsy , de , Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street, | Inspection Und | or town) . Inquir letermined m . | (Cou | and | PERFO YES I | (Stete) |
| | 20a. EXTERNAL CAPRIMARY OF OF CAUSE OF DEATH. 20c. TIME OF INJUHOUT OF MARKET OF THE | ete cause nderlying DUE TO (c) R SIGNIFICANT CONDITION OF SIGNIFICANT C | 20d. I While of work the remuses X. | NJURY OCCURRED NJURY OCCURRED Not While et work ains described a Accident | 20e. PLAC fecto bove, hel | ter neture of injury in Period E OF INJURY (Home, ferning, street, office bidg., etc.) d an Autopsy , de , Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street, | Inspection Und | or town) . Inquir letermined m . R | (Cou | and | PERFO (ES | (Stete) |
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VS. A15ME 5M 7/59

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Silver Spring. Md.

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Raymond A

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

certificate death the thot ottending physician. ped TO FUNERAL

VS A15 (4)

15M 9/58

Keeper Bloom The said of the said Marine The Bullet Share Secretary for the first the State of the Secretary S A 2 S S TO THE SECOND DESIGNATION OF THE SECOND SEC Self the County of the North Self Water da - X Themash Mount distant where sent we see that I will not be the bear where The property of the second of 5/38/50 water Raymond Bridging Solver Spring Alm. waters elapsed down to the table And the second s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution, Rasidanca bafora edmission) 1. PLACE OF DEATH a. COUNTY Montgomery Maryland Montgomery MARYLAND the d b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 1b write RURAL and give nearest town) months Silver Spring Silver Spring Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wheaton Nursing Home Woodside Parkway YES NO X completely papers 3. NAME OF Middle DECEASED May Nan (Typa or print) Warolvn DEATH 5-1-67 196] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 8. DATE OF BIRTH last birthday) Months and Days Hours Female white Feb WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY physician remove (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Pennsylvania U. S. A. house-wife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please C. Edward Day Edith V. Laird Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address loval. (Yas, no, or unkown) | (Ifyesgivawarordatasofsarvica) 1018 Woodside Pkwy, Mabel Ames No the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN physician. signed by ONSET AND DEATH Hemorrhoge PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ensue Cardio vascular Discuse DUE TO Conditions, if Bhar peen gave rise to immadiate cause DUE TO (a), stating the underlying cause last. the his 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? hospital as o certifica NO use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for After this letached for the (State) è 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 1 2Df. (City or town) (County) factory, straat, offica bldg., atc.) While Not Whila at work at work TOR: 21. I certify that (1) (this happital) attended the deceased from a c. 195), to / lay 1, 1961, that (1) (wo) last may be saw the deceased alive on HD. 22b. DATE 22a GIGNATU ATTENDING MED SIGNED DIRECTOR PHYS. PHYS. TO FUNERAL director, page 5 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) James M. Whitlock 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Prince George County Maryland May 3 1961 Cedar Hill Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 8434 Georgia Ave Silver Speing, Md arthur S. Kines ARNER E. PUMPHREY ANC. DATMAY 5 15M 9/60 Kaymond

THE RESERVE OF THE PARTY OF THE PARTY. . N. M. W. Elmingenhoet . . That beauty of the bearing the first of Strike A CONTRACTOR TO THE AMERICAN Concepted the second second Agos dense of Amilian laces of vocations The state of the s CALLED THE WORLD TOWN DESTRUCTION OF THE PARTY OF THE PAR and the state of t Compared to the control of the contr

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

05831

| 58 | 844 | CERTII | FICAT | TE OF D | EATH | | | | 658 | 331 |
|--|---|---|----------|---|------------------|------------------------|---|-------------|--------------|---|
| 1. PLACE OF DEATH o. COUNTY Mon | itgomery | MAR | YLAND | a. STATE | rginia | | lived. If institution b. COUNTY | Norfo | | admission) |
| b. CITY OR TOWN (I RURAL and give no Bethesda | If outside corporate limits, earest town) | 24 Day | | | folk | tside corpor | ote limits, write R | URAL ond g | ive neare | st town) |
| OR INSTITUTION | AL (If not in hospital, give al Center, B | street address) Sethesda 14, M | id. | d. STREET A | | Avenu | e | | е. | IS RESIDENCE ON A FARM? YES NO TO |
| 3. NAME OF DECEASED (Type or print) | First Helen | Middle (None | | los Vichols | t | 4. DATE OF DEATH | May Mon | th 18, | Day | Year 19 6 |
| s. sex Female | | MARRIED NEVER MARR | - | October | | 1913 | P. AGE (In years last birthdoy) | _ | | Hours Min. |
| during most of wor Housewif | king life, even if retired) | None | OR INDUS | Virg | inia | r fareign co | untry) | 12. CITI | U.S | VHAT COUNTRY |
| John Tso Is. WAS DECEASED EVE (Yes. no. or unknown) NO | ukatos R IN U. S. ARMED FORCE: (If yes, give war ar dates of servic | | | FORMANT Th | stance e Medi | e Kalo | dimas ecord Addi Bethesda | | | |
| Conditions, if o gove rise to i cause (o), stoting lying cause lost. | mmediate the under- | Mixed mesode: | | | | | CONDITION GIV | EN IN PART | 8 T 1(o) 19. | months |
| PART II. OTI | MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY (20d. INJURY OCCURRED While Not while | 20e. PLA | CE OF INJURY (| Home, farm, | | | (0 | County) | PERFORMED? YES ☑ NO ☐ (State |
| 21. I certify the | sed alive on May | of work of work of the deceased 18 19.61, and | fram. | eath accurred A.D. ATTENDING PHYS. 22d. ADDRI | 196 d o6:15 | M. Arch. | ay 18 he causes an STAFF PHYS © cal Cent alth, Be | d an the | tion: | 22b. DATE 5/18/6 |
| urial-trai | 1 | | | CREMATORY | | Nor | folk, | Virg | inia | (State) |
| ROBERT A | | Y Bethes | da, | Md. | | BY REGISTR | | strar's sic | | |

TO HOSPI VR A1S (4) 15M 9/59

notification families to 2 miles of Chara C Sixed recodemn? Turns of Vierns Burill-Cranel: 5-13-6L Bore V Love Com. Edward , Villey , Villey The subardish transfer to the transfer.

hin 24 hours after TO HOSP ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5845

CERTIFICATE OF DEATH

05832

| | 0020 | Item 23b Film | CORR 6/30/ | 7 ml- | | | 0 0 140 |
|---|---|--------------------------------------|------------------------------|--------------------------|----------------------|-------------------|--------------------------|
| . PLACE OF DEATH | f | Item 23b Film | | CE (Where decease | | | nce before edmission) |
| Montgomer | v | MARYLAND | e. STATE Maryland | | Mont | gomery | |
| b. CITY OR TOWN (| if outside corporata limits, | c. LENGTH OF STAY IN 16 | | (If outside corporete | | | neerest town) |
| | (Dame 1) | 20 3000 | Cd Terror Cha | and an ar | | 55 | |
| d. NAME OF HOSPI | | ot in hospitel, give street address) | d. STREET ADDRESS | | | | . IS RESIDENCE |
| | | | | | | - | ON A FARM? |
| | al Hospital | | 8405 Dixo | | | | YES NO |
| NAME OF DECEASED | First | Middle | Last | 4. DATE | Month | Dey | Yeer |
| (Type or print) | Mark | Leroy | NOLL | DEATH | May | 28 | 19 61 |
| . SEX | 6. COLOR OR RACE 7. | | . DATE OF BIRTH | | GE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| Male | | VIDOWED DIVORCED | 12-25-99 | | st birthday) yrs. | Months Deys | Hours Min. |
| | ION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTR | | | | 12. CITIZEN C | OF WHAT COUNTRY |
| one during most of wo | rking life, even if retired) | | | | | 1 1 1 1 1 1 1 1 1 | |
| Steamfitte | er | Private Industry | | sylvania | | USA | 4 |
| . FATHER'S NAME | | | 14. MOTHER'S MAIDER | NAME | | | |
| Elmer S. N | IOLL | | Margaret B | ARTHO | | | |
| | ER IN U.S. ARMED FORCE fyasgiva war ordates of serv | S? 16. SOCIAL SECURITY NO. 17. | NFORMANT | | Address | | |
| | H WAS CAUSED BY: IMMEDIATE CAUSE (*) | metastatic | Carci | noma | T | 6 | MOST AND DEATH |
| 1621 | DUE TO | 41. | | | | | |
| Conditions, if eny | | ne 010 | nonus | | | | |
| geve rise to immedi (a), stating tha u | DITE TO | | | | | | |
| couse last. | (c) | | | | | | |
| PART II. OTHER | SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | INAL DISEASE CON | IDITION GIV | EN IN PART 1(e) | 19. WAS AUTOPSY |
| | | | | | | 1911 | YES X NO |
| 200 ACCIDENT W | AS UNDERLYING 2 | Db. DESCRIBE HOW INJURY OCCURED | (Enter nature of injune is | n Post I or Past II of i | tom 18.1 | | 153 [140] |
| OR CONTRIBUTING | CAUSE OF DEATH MEDICAL EXAMINER) | DB. DESCRIBE HOW INJURY OCCURED | , (Enter neture of injury in | rem i or rem ii or i | irem 16.) | | |
| 20c. TIME OF INJU | IRY Month, Dey, Yeer | | CE OF INJURY (Home, fa | | town) | (County) | (State) |
| Hour a.m. | 19 | et work et work | | | | | |
| p.m. | 17 |) allended the deceased from | hnwil 10 | 1067 M | fear 28 | 167 | that (M) (we) las |
| 21. I certify i | hat A) (this hospital | 28 61 | 4: | 1OPM | | | |
| saw the deceas | sed alive on May | 28 19 61, and that | death occured al | M, from th | e causes | and on the d | |
| 22e. SIGNATURE | 11/ | _ / | ATTENDING | MED. | STAFF | | 22b. DATE SIGNED |
| March | 1. Amai | wrave, h, M | .D. PHYS. | DIRECTOR F | PHYS. | | 5-29-61 |
| 22c. PHYSICIAN'S | | | 22d. ADDRESS | | | | |
| NAME (Type) | Paul G. LII | NAWEAVER, OR., LT, MC | U.S. U.S. | Naval Ho | spital | . Bethes | sda, Md. |
| Be. BURIAL CREMATI | ON, 236. DATE THEREC | | | 23d. LOCATIO | | | (State) |
| REMOVAL (Specify) | | | | | | | |
| Burial | | 1961 Arlington Na | | Arling | | | rginia |
| FUNERAL DIRECTOR | Grand a.z | ZISKOL ADDRESS Silver | Spring,25-Md | THE TOTAL | 25b. REC | STRAR'S SIGNA | TURE |
| | rey Funeral | | Ave. DATE | JUN 5 '61 | 1 | billing S. Th | calla |

(M)

(troppeda). fection (Arrel) 39 days Stirrs Spring Les igcol fovel .a .u vortell volume 7:11 12-25-99 61 0 0000 Little July Land Land Committee and Land Committee Steentlover Margaret Balkalo 1011 3 1011 Yes 7-17-17 to 8-12-13 579-14-5015 (4) Mrs. Flore L. Moll, sense as 48 above are Lastafee Concensor of Conce He Gonolus May 25 (61 19 4:108)

Peul C. MIRMAVER, JK., M., M., USI U. C. Mavel Hospital, Batheson, Md.

10-29-51

Artini Artingron Astioned Artingron Virginia Virginia Silver Sprincy Sid.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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DIRECTOR:

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physician. burial-transit 50 PLACE OF DEATH o. COUNTY

MARYLAND

o. STATE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL and give nearest town) 0

b. CITY OR TOWN (If outside corporate limits, water c. LENGTH OF STAY IN 16

d. NAME OF HOSPITAL (If hat in haspital, give street address) OR INSTITUTION

d. STREET ADDRESS 6311

e. IS RESIDENCE ON A FARM? YES NO

NAME OF DECEASED (Type or print)

DATE DEATH Manth

190

5. SEX

6. COLOR OR RACE

7. MARRIED NEVER MARRIED DIVORCED

8. DATE OF BIRTH

9. AGE (In years lost birthday)

IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys

WIDOWED D 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

2

yrs. 12. CITIZEN OF WHAT COUNTRY?

Engraver

Private

New York 14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

17 INFORMANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. es Unknown

William F. Offenheiser-son-same 2d

No

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

INTERVAL BETWEEN ONSET AND DEATH 4 WEEKS

DUE TO PETERIOSLEROTIC HEART DISEASE

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost.

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO

(Stote)

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

p. m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED Nat while While ot wark ot wark

20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) foctory, street, office bldg., etc.)

(County)

Hour o. m.

1957 to MAY 25 19 6), that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. TAT _19_4.1. and that death accurred at M. from the causes and an the date stated above.

saw the deceased alive an 22a. SIGNATURE

ATTENDING PHYS. M.D.

STAFF PHYS. DIRECTOR |

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

James

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, or county)

23a. BURIAL, CREMATION, 23b. DATE THEREOF Bur-Transi

South ADDRESS

Church Cemetery

22d. ADDRESS

25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR MAY 2 9 '61

MOTOUNA

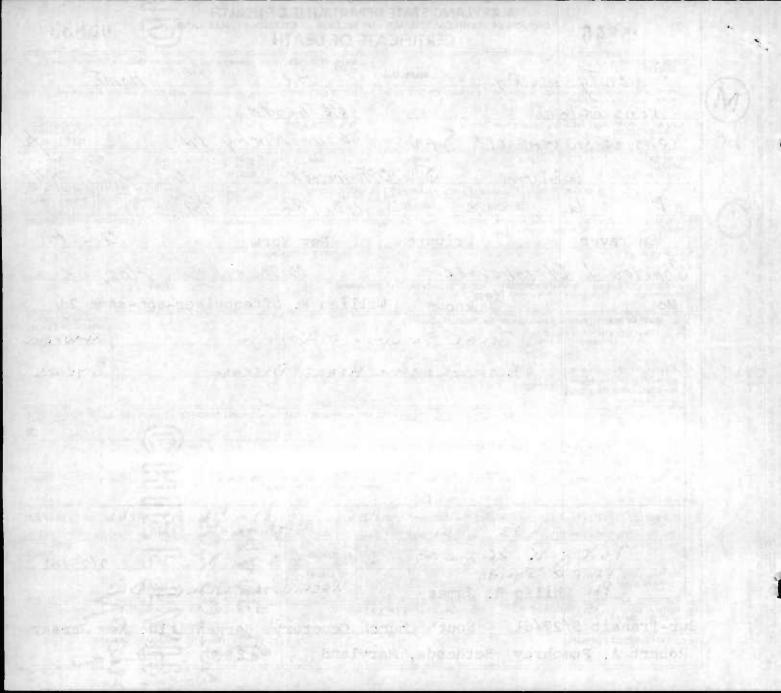
arthur S. Kroup

Bergenfield, New Jersey

FUNERAL page 0 VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

Bethesda, Maryland



DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY omer MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 writa RURAL and give neerest town) .= -Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street addless) e. IS RESIDENCE ON A FARM? 2, LehAn YES NO completely papers. NAME OF Yeer Middle Last Month DECEASED OF (Type or print) DEATH 196 carbon IF UNDER 24 HRS. 5. SEX 9. AGE (In years I IF UNDER 1 YEAR 7. MARRIED lest birthdey) and Months WIDOWED X DIVORCED physician 1De. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) W 13. FATHER'S NAME please 2 Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal, (Yas, no nor ankown) | (Ifyes give we ror detes of service) the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudden IMMEDIATE CAUSE (e) DUE TO geve rise to immediate causa DUE TO (a), stetling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY certificate PERFORMED? as NO use prior 2DB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) for 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., atc.) Not While While Hour a.m. at work at work may be retaine DIRECTOR: 1961. /20 196.1, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. ..., and that death occured at 12.0M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 220, SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. director, page 3 be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, REMOVAL, (Specify) REGISTRAR | 25b. REGISTRAR'S NERAL DIRECTORS S VR A15 (4) 15M 9/60

FIRE LEARING ST. Televitar Horn Depose Stribbe Com 02 A8/25 GARACARPA 13 F FRANK & CORE CHROLING KITHERING PORTS State of the state JOHN C. Bell To THE CHES WELLE BAR SHE SHE A SHOW IN CONTRACTION CONTRACTOR IN THE CONTRACTOR OF THE CONTRACT

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

196]

IF UNDER 24 HRS.

Item

months

WAS AUTOPSY

PERFORMED?

NO X

(Stete)

22b. DATE

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(State) Y

5,

INTERVAL BETWEEN

ONSET AND DEATH

as

Min.

Hours

by __ filled completely pue physician

physic signed attending peen has certificate this ined by DIRECTOR: FUNERAL death.

> VR A15 (4) 15M 9/60

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Clame as Item 2.

Taci , a was the second of the ATT WELLE S. MORFOR ATT Highland Ave., Betheson, Md.

burral-treats of Man Davis . The Home, W. V. Tron, W. V. Trans. T. Y.

LOTERO A. PUMPHERY Bethesda, Md. Warm Mr. Derror

| | 1 |
|---|--|
| hin 24 hours after | filled in by the funeral Pages 1 and 2 should urs after death |
| TO HOST RI. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after death, 73,64 may be retained by the hospital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. |
| TO HOS! ALL OR ATTENDING PHYSICIAN: The law requires that death. Page 4 may be retained by the hospital or attending physician. | TOR: After this certificate has be detached for use as the b Dept. of Health prior to buria |
| th. rate 4 may be | ctor, page 3 should illed with the State |
| TO H | Oip a |

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1,5020

| | 2843 | | | | | | 00000 |
|---|----------------------------------|-------------------------------|-----------------------------|----------------------|---------------------|------------------|--|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDE | NCE (Where dec | | | ence before edmissio |
| Montgomery | 7 | MARYLAND | Pennsylva | ania | b. COUN | IIT | |
| b. CITY OR TOWN (i | if outside corporate limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | | rate limits, write | RURAL end give | e neerest town) |
| Bethesda | (Rural) | 61 days | Pittsburg | 7 | | | |
| | TAL OR INSTITUTION (if not in he | | d. STREET ADDRES | | | | . IS RESIDENCE |
| U. S. Nave | al Hospital | | 567 Singe | er Place | 7! | 5 X- | YES NO |
| NAME OF | First | Middle | Last | 4. DATE | Month | Da | y Year |
| (Type or print) | John | Allen | PRUNTY | OF DEATH | May | 2 | 25 19 61 |
| . SEX | 6. COLOR OR RACE 7. MARR | | . DATE OF BIRTH | 9. | AGE (In yeers | IF UNDER I YEAR | The second secon |
| Male | Negro WIDOW | | 2-10-39 | 42.10 | last birthdey) yrs. | Months Days | Hours Min. |
| De. USUAL OCCUPAT | ION (Give kind of work 10b. | KIND OF BUSINESS OR INDUSTR | | unly & State, or fe | | 12. CITIZEN | OF WHAT COUNTR |
| one during most of wo | rking life, even if retired) | | Dans | nsylvania | | USA | |
| 3. FATHER'S NAME | The Corps | | 14. MOTHER'S MAIDE | | | USA | |
| Unknown | | | Clevetta P | RUNTY | | | |
| | | 6. SOCIAL SECURITY NO. 17. | NFORMANT | | Address | Pitts. | Pa |
| ves (I | 1956 to DOD | 176-32-0535 (M |) Mrs. Cleve | ++n W:13 | 1° | 72 Mayfl | |
| - W - T | EATH [Enter only one ceuse per | r line for (a) (b) and (c) 1 | THE S. CLEVE | suca nilli | JOHILL 9 IL | | NTERVAL BETWEEN |
| | H WAS CAUSED BY: | | 1. 1 | 1.11 | U.1. | | DISET AND DEATH |
| | IMMEDIATE CAUSE (e) | 2/morever | isme ki | ght | Man | 7 | 3 mos. |
| 1.65 | DUE TO | & mexant | 4.22 As | 0 | | | |
| Conditions, if any | 1 7 | - I MELY UN F | | | | | |
| geve rise to immedi (a), stating the u | DITETO | | | | | 100 | |
| cause last. | (c) | | | | | SLED. | |
| PART II. OTHER | | ONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | MINAL DISEASE C | ONDITION GIV | 'EN IN PART 1(e) | 19. WAS AUTOPS |
| { | | | | | | | YES NO |
| 20a. ACCIDENT W | AS UNDERLYING 20b. D. | ESCRIBE HOW INJURY OCCURED | . (Enter neture of injury i | in Pert I or Part II | of item 18.) | | - 48 |
| OR CONTRIBUTING | CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | |
| 20c. TIME OF INJU | | d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, fe | erm, 1 20f. (City | or town) | (County) | (State) |
| Hour a.m. | Wh | nileNot While fact | ory, street, office bldg., | | , | (0001117) | (0.0.0) |
| | 19 et w | | | - | | | |
| 21. I certify t | | ended the deceased from. | | a 11 5. A M | | | . that (IX (we) la |
| saw the deceas | sed alive on May 25 | 5 19. 61 , and that | death occured at. | M, from | the causes | and on the | date stated above |
| 22a. SIGNATURE | 1 1 1 1 | 1.0 | | | | | 22b. DATE |
| K.B. | ert d. B | roope h. M | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | | 5-25-61 SIGN |
| 22c. PHYSICIAN'S | | | 22d. ADDRESS | | | | 13 |
| NAME (Type) | Robert T. BROO | OKS, JR., LT, MC, U | JSNU. S. Nav | ral Hospi | Ital. Be | ethesda. | Md. |
| 30. BURIAL, CREMATI | ION, 236. DATE THEREOF | 23c. NAME OF CEMETERY | | | TION (City, to | | (State) |
| Burial-Ship | | Lincoln Memo | rial Park | Pitts | shurg | | Pa. |
| 24 FUNERAL DIRECTOR | | ADDRESS Wash | | REC'D BY REGISTI | | GISTRAR'S SIGN | |
| 70.00 | ers Funeral Home | Af CAND THE | | MAY 2 9 '61 | | When & The | |
| H. H. CHOTTING | TA LAMOTOT HOME | e, TAOO CHUBITH Y | DO. 9 THE PAIR | | | | |

1. 7 ; 57 (LOTE) DECEMBER

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Joy Winger Indee L. B. Markit Fospion

1 11 IN I Juli (" Line Cale " 2-10-39

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IIMU T VISYES

.. .. eds: yes 1956 to DOD 176-32-0535 (M) Mrs. Clevetra Milborn, 172 Mayridner 26.

. 4 /. . .

10-29-3

March 23 mores

Robert T. Eloma, JR., 11, M., Ushi. S. Havel Hoseitel, Bethisdi, Mc.

Hurdal-Sudament 5-20-01 | Lincoln Februaria Park | Plansburg M.W. Chambers Funeral Home, 1400 Chapin St., NW, E47 E . . .

TO HOSP INL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed from 24 mounts arrent death.

S. death.

S. death.

S. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSP

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1150:17

| 58511 | 00001 |
|--|--|
| 1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before ad e. STATE Maryland b. COUNTY Montgomery |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Silver Spring |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) | d. STREET ADDRESS 1135 Loxsford Terrace a. IS RES ON A YES 1 |
| 3. NAME OF DECEASED (Type or print) Thelma Elizabeth | Pyle DEATH May 11 196 |
| 7. MARKIED TO THE MARKED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Months Days Hours |
| Housewife Cwn Home | 11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT CO |
| Arthur M. Anderson | 14. MOTHER'S MAIDEN NAME Uda G. Remmington |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyasgivawarordalesofsarvice) No Win. | . H. Pyle Same as # 2 |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying causa last. (c) | me of colon 11 mo |
| | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR. YES N N (Enter nature of injury in Part I or Pert II of itam 1B.) |
| | |
| | ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Story, streat, office bldg., etc.) |
| 21. I certify that (I) (this hospital) attended the deceased from | t death occured at AM, from the causes and on the date stated |
| 228. SIGNATURE Denclatulson M | ATTENDING MED. STAFF 276. |
| 22c. PHYSICIAN'S NAME (Type) Donald Nelson | 70620 get fin are sher gray. |
| 23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Spacify) 5/15/61 Ft. Lincoln | |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons 4739 Balt. Ave. Hye | 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE |

47731 The constant of the second of Transference . believe novile - Init & myllumi The Loral or Colvace, Service Ext. Pen.24, 1907 nakin u kace u Carrillonic Covinad mer or on D and Arean and a second of the second of 5/15/01 - F. Lincoln Jenete y Colone anor, d.

F. Green's Sons 1.50 Ball. we shyattaville, Mr.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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| | 5.8 | 5.1 | CERTIFIC | AIE OF DEATH | | 00808 | |
|----|---|---|------------------------|--|------------------------------|---|--|
| 1 | 1. PLACE OF DEATH 6. COUNTY Montgomery | | MARYLAN | 2. USUAL RESIDENCE (Where do o. STATE Maryland | b. COUNTY | n: Residence before admission) Ce Georges | |
| 1 | b. CITY OR TOWN (If outs RURAL ond give neorest | | c. LENGTH OF STAY IN 1 | b c. CITY OR TOWN (If outside | e corporote limits, write RU | IRAL and give nearest town) | |
| 1 | Bethesda | | 40 days | Upper Marlbor | 0 | ノムハーナ | |
| A | d. NAME OF HOSPITAL (H OR INSTITUTION | nat in haspital, give street | address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | |
| V. | The Clinical | Center, Beth | esda 14, Md. | Box 1236 | | YES NO PO | |
| | 3. NAME OF DECEASED (Type or print) | Deborah | Middle Lynn | Randall | DATE Month OF DEATH May | Day Yeor 23 19 61 | |
| 1 | S. SEX 6. 0 | COLOR OR RACE 7. MARK | RIED NEVER MARRIED | 8. DATE OF BIRTH | | Months Days Hours Min. | |
| | Female | White widowi | ED DIVORCED | March 15, 1958 | 3 yrs. | Manths Days Hours Min. | |
| | 10a. USUAL OCCUPATION (C | ive kind of work done 10b. | KIND OF BUSINESS OR IN | IDUSTRY 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY | |
| | during most of working I | ne, even il reilled) | None | Washington | , D.C. | U.S.A. | |
| | 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | | | |
| | David E. Ran | dall, Jr. | | Margaret Th | omas | | |
| H | 15. WAS DECEASED EVER IN | | SOCIAL SECURITY NO. 1 | 7. INFORMANTThe Medica | 1 Record Addre | ess | |
| | (Yes, no, or unknown) (If yes, | give war or dates of service) | | The Clinical Cent | | lh. Maryland | |
| | 18. CAUSE OF DEATH | Enter anly ane couse per li | | | | INTERVAL BETWEEN | |
| | PART I. DEATH V | AS CAUSED BY: Ate | lectasis Rig | ht Medial Lobe and | d Leftr Upper | Lobe ONSET AND DEATH | |
| | CAZ | DUE TO and | extensive Pr | neumonitis. | ~ * | 2 7 110 000 | |
| | Conditions, if ony, | Caro | tic Fibrosis | of the Pancreas | | 3 Years | |
| | gove rise to imme | di ote | 020 12010020 | | | | |
| | lying couse lost. | | fuse Emphyser | na; Respiratoryaci | idosis | 1-2 Yrs;1 | |
| | PART II. OTHER S | 1-1 | | BUT NOT RELATED TO THE TERMINAL | | EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO | |
| | 20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB | AUSE OF DEATH | CRIBE HOW INJURY OCCU | RRED. (Enter nature of injury in Port I | or Port II of item 18.) | | |
| | 20c. TIME OF INJURY N Haur a. m. p. m. | Nanth, Day, Year 20d. II White of war | Not while | PLACE OF INJURY (Hame, farm, 20 foctory, street, office bldg., etc.) | Of. (City or tawn) | (County) (State | |
| | 21. I certify that (I) | (this haspital) attendalive an May 23 | ded the deceased fra | m April 13 1961 at death accurred 12:15ar | mram the causes and | , 19 <u>61</u> , that (I) (we) last | |
| | 220. SIGNATURE Q. Evans, M.D. M.D. ATTENDING MED. STAFF DIRECTOR D | | | | | | |
| | 22c. PHYSICIAN'S NAME (TXPE) HUGH E | EVANS, M? | M.D. | | linical Center f Health, Bet | | |
| | 23a. BURIAL, CREMATION, 2 BMOVAL (Specify) | May 25-61 | 23c. NAME OF CEMETER | Y OR CREMATORY 23d. | LOCATION (City, towns of | r county) (Stote) | |
| | 24. FYNERAL DIRECTOR'S SIC | NATURE // | ADDRESS A | the Red St 250. REC'D BY | | TRAR'S SIGNATURE | |
| 1 | The same of the | Br. 160 | | DATE MAY | 24'61 Cla | lines & Kraus | |

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr pifer death. Page 4 moy be a help by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

and the first test of the state The control of the co CITIES THE CONTRACT OF THE CONTRACT OF STREET BERT MENT TO WOOD TO SHEET THE PROPERTY OF THE PARTY OF T Angolital Table Description of the THE E. LEVIS. THE SECOND SECON THE CALL THE STATE OF THE STATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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|---|---|---|----|----|---|-----|----|---|---|---|----|----|---|
| | (| E | RT | FI | C | A | TE | O | F | D | EA | TH | ı |

05839

| | 1. PLACE OF DEATH o. COUNTY MONT | GOMERY | | MARYL | AND | 2. USUAL RESIDE | RYLA | | l lived. If institu b. COUNT | | | re admis | sion) |
|-----|---|--|-------------|----------------------------|----------|-------------------------------------|------------------------|----------------|---------------------------------|-------------|-----------|-----------|-----------|
| | b. CITY OR TOWN (RURAL and give n | If outside corporate lim | its, write | c. LENGTH OF STAY II | N 1b | | | | rote limits, write | RURAL ond | give nec | rest town | n) |
| - | OLNEY | | | 5 DAYS | | | | TT CIT | Y | | | / ~ | - Inches |
| 100 | OR INSTITUTION | TAL (If not in hospital, MERY GENER) | | | | d. STREET AD | | HIA RO | AD | | | | FARM? |
| Ī | 3. NAME OF | Fi | rst | Middle | | Lost | | 4. DATE | Me | onth | Do | Y | Yeor |
| | DECEASED (Type or print) | EFFIE | | LAVERNA | A | REE | D | OF DEATH | M | Y 21 | | | 1961 |
| 1 | S. SEX | 6. COLOR OR RACE | 7. MARE | RIED X NEVER MARRIED | 8 | . DATE OF BIRTH | | | 9. AGE (In year lost birthday) | | | - | ER 24 HRS |
| 1 | FEMALE | WHITE | WIDOW | ED DIVORCED | | 8/24 | /06 | | 54 yr | 1110111111 | Days | Hours | Min, |
| | during most of wor | ON (Give kind of work king life, even if retired EWIFE | done 10b. | KIND OF BUSINESS OR | INDUST | TRY 11. SIRTHPLA | | ar foreign co | ountry) | 12. CIT | IZEN OF | WHAT | COUNTRY |
| | 13. FATHER'S NAME | | | | | 14. MOTHER'S A | MAIDEN | AME | | | | | |
| | DAV | ID COOK | | | | | GERT | IF FRA | ZIER | | | | |
| /[| IS. WAS DECEASED EVE | R IN U. S. ARMED FOI | | SOCIAL SECURITY NO. | 17. INI | | V = 11.1 | 1 10 // 11/11 | | dress | | | |
| | (Yes. no. or unknown) NO | (If yes, give war or dates af | service) | None | | HOSPITA | L RE | CORDS, | OLNE | , Mp. | | | |
| | 18. CAUSE OF DE | ATH [Enter anly one co | ouse per li | ne for (o), (b), and (c).] | | | | | | | | RVAL BE | DEATH |
| | PART I. DE | ATH WAS CAUSED BY: | 2) | CEREBRAI | L HE | MORRHAGE | | | | | | DA | |
| | 133 | DUE TO | | | | | TUTTO | | | | | | |
| | Conditions, if a | ny, which) | , | BMAMMA | *YXX | RNRAKXXX | YYY | | | | | | |
| | gave rise to i | mmediate (| | MAGONA | 7.00 | DADOGANA | TIT | | | | | | |
| | lying cause last. | the under- | | | | | | | | | | | |
| 1 | | HER SIGNIFICANT CON | DITIONS (| CONTRIBUTING TO DEAT | TH BUT I | NOT RELATED TO 1 | THE TERM | INAL DISEASE | CONDITION G | IVEN IN PA | RT 1(o) 1 | 9. WAS | AUTOPSY |
| | CATIO | | | HEUMATIC EN | _ | | | | | | | PERFO | ORMED? |
| | (IF EITHER, NOTIFY | AS UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OC | CURRED | . (Enter noture of | in j ury in | Port 1 or Port | II of item 18.) | | | | |
| | 20c. TIME OF INJUI Hour o.m. p.m. | RY Month, Doy, Ye | White | | | CE OF INJURY (Heary, street, office | | | or town) | | (County) | | (Stote |
| | 21. I certify the | at (I) (this haspita | | ded the deceased f | | | | | MAY 2 | | | | |
| | saw the decea | sed alive an MA | Y 20 | 19_61, and 1 | that de | eath accurred | atA | M, fram | the causes o | nd an th | e date | stated | l abave |
| | 220. SIGNATURE | herris | 5.1 | Mirocher | | ATTENDING PHYS. | _ M | ED. | STAFF PHYS. | | | 5/22 | SIGNE |
| | 22c. PHYSICIAN'S NAME (Type) | CHARLES S | . Whi | TAKER . M. | D. | 22d. ADDRES | | VILLE | MARYLA | ND | | | |
| - | 23o. BURIAL, CREMATIC | | | 23c. NAME OF CEME | | | | - | ION (City, town | | | 101- | tal |
| | REMOVAL (Specify | | | | | | | 1000 | t Frie | | | Md. | (e) |
| | 24. FUNERAL DIRECTOR | | the | ADDRESS Dama s | | | | D BY REGIST | RAR 2Sb. REC | SISTRAR'S S | IGNATU | RE | |

1 y the first and the second state of the second s ALLEY STATES OF THE PARTY OF TH Figure 1 Control of the Control of t Junial Like 23, 1507 - Sharan Invises Lotter out Friendrich, so. R. Series . St. Carre and Co. Co. Co.

VR A1S (4) 1SM 9/59

| MARYLAND | STATE | DEP | ARTMEN | T | OF | HE | AL | T | H |
|----------|-------|-----|--------|---|----|----|----|---|---|
| | | | | - | | | | | |

| MAKILAND STATE DEPARTMENT OF REALTH |
|--|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND |
| CERTIFICATE OF DEATH |

| 5853 | | TE OF DEATH | JAC 1, MARTENIO | 05840 |
|--|---------------------------|---|---|--|
| o. COUNTY MONTGOMERY | HOM 2 FILM | a. STATE | b. COUNTY | idence before admission) on-190mer 4 |
| B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outs | side corporote limits, write RURAL o | |
| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION) | sing Home. | d. STREET ADDRESS | 4219 Roundhill | P. IS RESIDENCE ON A FARM? YES NO NO |
| 3. NAME OF DECEASED (Type or print) / 1 VG/10102 | Alice | Reedy. | DATE Month OF DEATH MAY | Day Year 1961 |
| Jemale White WIDOWEI | DIVORCED [| June 10 18 | 177 last billdoy Month | 6 |
| (Not. USUAL OCCUPATION (Give kind of work done 10b.) during most of warking life, even if retired) | (IND OF BUSINESS OR INDU: | Virgin | 10 | CITIZEN OF WHAT COUNTRY? |
| Unknown | | | ıknown | |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | None | Nursing Home | Records | |
| Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO. | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINA | al disease condition given in | PART I(a) 19. WAS AUTOPSY PERFORMED? |
| 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RIBE HOW INJURY OCCURRE | D. (Enter noture of injury in Po | t I or Part II of item 1B.) | YES NO |
| 20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. While p. m. 19 at work | Not while for | ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) | 20f. (City or town) | (Caunty) (State) |
| 21. I certify that (I) (this haspital attends saw the deceased alive and the saw the deceased alive and the saw the deceased alive and the saw the saw the saw that the saw th | and that c | M.D. ATTENDING MED DIRE | CTOR PHYS. D | |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF S/13/61 | / | | 3d. LOCATION (City, tawn, or county) Mt. Jackson, V | rity) (Stote) 7irginia |
| Robert A. Pumphrey B | ethesda, Mar | | BY REGISTRAR 25b. REGISTRAR'S | S. Huma |

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The first of the state of the s

Interest of the state of the st

undst Sylviol Pleasunt Was Can, . Mr. Jackson, Virginia

G. .. Fonte. Ave. Rockyllle

Relate t. Complete Detheside, Maryland Tambout T.

Villa S. Milephy

in 24 hours after TO HOST. L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. death. death. TO HOST. A death. A may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

| | 1 | DIVISION OF STATISTICAL RESEARCH AND RECORDS, | 301 W. PRESTON ST | REET, BALTIMORE 1, MA | RYLAND |
|---|---------------|--|--|--|---|
| X | | 5854 CERTIFICATE | OF DEATH | | 05841 |
| | | PLACE OF DEATH COUNTY A A A A A A A A A A A A A A A A A A A | e. STATE | Where deceased lived, If institution: b. COUNTY | Residence before admission) |
| 4 | | o. CITY OR TOWN (if outside carpopale limits, write RURAL and give peakest yourn) | c. CITY OR TOWN (If out | tride corporate limits, write RURAL ar | d give neerest town) |
| L | - | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) | d. STREET ADDRESS | Andr- 747 | ON A FARM? YES NO |
| | | NAME OF DECEASED (Type or print) Little Middle Middle M. Re. | ese 4. | DATE Month OF DEATH // 24 | Dey Yeer 8 1961 |
| | 100 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED DIVORCE | 11/19/07 | 9. AGE (In years last high day) Months Yrs. Stete, or loreign country 12. Cl | 1 YEAR IF UNDER 24 HRS. Deys Hours Min. TIZEN OF WHAT COUNTRY? |
| - | 13. | John W Besswer | MICALE 14. MOTHER'S MAIDEN NAM Unknown | TOWN Chio | 4.54 |
| ノ | | WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (Ifyes give wer or detes of service) | NFORMANT 5 | 1054 Address Ra | Ohio |
| | | 18. CAUSE OF DEATH [Enter only one ceuse per lise for (e), (b), end (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to Immediate cause | Heart I | Tarline | ONSET AND DEATH |
| | NO | (a), steling the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL | DISEASE CONDITION GIVEN IN PAR | T 1(a) 19. WAS AUTOPSY PERFORMED? |
| | CERTIFICATION | 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | . (Enter nature of injury in Pert | l or Part II of item 18.} | YES NO 1 |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, ferm, ory, street, office bldg., atc.) | 20f. (City or town) (Co | uniy) (State) |
| | | 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on | 02/3 | | the date stated above. 22b. DATE |
| | | De With E. De fauter M. 22c. PHYSICIAN'S NAME (Type) DEW: TT E. Del Awter | 22d. ADDRESS | CTOR DATAFF PHYS. D EEN RL. Betheso | 5/8/6/ SIGNED |
| | 23a | REMOVAL (Specify) Tial -transit 5-9-61 Woodside Ce | OR CREMATORY 2 | 3d. LOCATION (City, town or cour Middletown. O | |
| 1 | 1 | FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda, Md | 25a. REC'D I | BY REGISTRAR 25b. REGISTRAR'S 11'61 Chilling & | |

the second was the Made to the Second Control of the D John Hall Besson Continued SO IN CONTROL OF THE PARTY OF T surial-trimmit 5-9-51 Woodelde Cometery Middletown, Ohio

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH furieral Items 8, 9 & 12 Film GOVAL RESPENDENCE (Where declared lived, If institution, Rasidence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery Maryland the day MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town)
Rockville Rockville .5 7 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1302 Abbot Road 1302 Abbot Road completely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH Rehnberg Mav pon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR pue last birthday) Female WIDOWED TO DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Sweden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 956 ding ple Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the (Yes, no, or unkown) | (If yes give war or datas of service) Gloria Fleming-Daughter-Same 2d 27-14-1333 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). attending physicia las been signed by burial-transit perm PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO KENAL Conditions, if any, which (b) gave rise to immediata cause DUF TO (a), steting the underlying has hospital or a certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. GENERAL 12-ED 2 A 2 /2 T) Met A 5 A 9 | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING d for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be retaine DIRECTOR: p.m 21. 1 certify that (I) (this hospital) attended the deceased from MARCH. saw the deceased alive on 22a SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type Gordon S. Rosenberger W. Montg. Ave, Rockville, Md. filed 230. BURIAL, CREMATION, 236. DATE THEREOF 28c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

Cedar Hill

ADDRESS

ARYLAND STATE DEPARTMENT OF HEALTH

Jeath. 4 ector, Po de

VR A15 (4) 15M 9/60

Cremation

Robert

24 FUNERAL DIRECTOR'S SIGNATURE

A. Pumphrey

Suitland, Maryland Crematory 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Bethesda, Maryland MAY 15'61

ariland S. Kraus

Montgomery

Day

10

Sweden

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

MONT

WAS AUTOPSY PERFORMED?

NO

(State)

22b. DATE

(State)

SIGNED

Months

a. IS RESIDENCE

YES NO T

1961

IF UNDER 24 HRS.

Year

ON A FARM?

HE SPACE TO A NA. brefwrek Two shows are colle tir Minglan self warm theor today 202 I want 1302 SUBOC RODG TO OI well length by stated ej levi Sept. 29, 1889 72 7 - Joseph Siam's dounewife 127-14-1355 Charter Wierford-Daughtman-Banne 2d HEROTE - BIRGHE == THE STAN SPECIAL STANS BACKERINGS KENBA FRIDE CARONIA AT PONCOLEDED CAR YEAR DENGETTED METAROLISME The to be stand to the may it stone Aller hay a second of the second of the second of Lordon S. Rosenfiering of 310 A. Mente, Ave, Honoville, Md. Grandtion 5/15/61 Cedar Hill Cremotory Swithend, Horyland Hobert A. Lumparev Betnesda, Harviand PAY i Wa bearing

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5040

| 3850 | 03843 |
|--|--|
| 1. PLACE OF DEATH a, COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission. a. STATE MARYLAND b. COUNTY PRINCE 4EO. |
| Montgomery MAR | RYLAND B. STATE MARYLAND B. COUNTY PRINCE 4EO. |
| b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF S | TAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) |
| TAKOMA PARK 16hr. | S. LANGLEY PARK 1656- |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ed | ONLA FARM |
| WASHINGTON SANITARIUM & HOSP | 174L 7914 14- ST. YES NO 1 |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Dey Year |
| (Type or print) | REID DEATH MAY 9 1961 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARI | RIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS |
| MALE WHITE WIDOWED DIVOR | CED MAY 8, 1961 last birthdey) Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | |
| dona during most of working life, even if ratirad) | md. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Stephen Sidney Reid | MARILYN JAKET WHITMORE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY | |
| (Yes, no, or unkown) ((fryes give weror detes of service) | Stephen Reid 7914 14= St. |
| 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and | d (c).] |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A TELECT | ONSET AND DEATH |
| | 16/2/11/3 |
| DUE TO | |
| Conditions, if eny, which geve rise to immediate cause | |
| (a), steting the underlying DUE TO | |
| ceuse lest. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. | ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP |
| PRE IN A TURITY | YES NO N |
| | RY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) |
| | D 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) |
| Hour e.m. While Not While | fectory, street, office bldg., etc.) |
| | |
| | sed from |
| | , and that death occured at |
| 220. SIGNATURE | ATTENDING MED. STAFF SIGN |
| many K. L. Dartweel, | M.D. PHYS. DIRECTOR PHYS. 5-9-61 |
| 22c. PHYSICIAN'S NAME (Type) Mary K.L. Sartwell. M. D. 60 | 811 Riggs Rd., Hyattsville, Maryland |
| | CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| REMOVAL (Specify) | noton Conditonium and Hagnital Malana Dania Ma |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | ngton Sanitarium and Hospital, Takoma Park, Md. |
| | MAY 10'61 Circles & traces |
| Robert A. Hare, M. D. Washington Sa | anitarium and Hosp. |

TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after death. 12,6.4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOS

15M 9/60

EARGUES Mary Secretary JAKEMA PREK / LAKE LARROSS OF STATE SAME AND STATE OF THE STATE 1-26/ 18 NATE 200 X may h.i. Serbrell, S. I. 55ll Rives Mo., Habberth on derriand

Robert A. Bare, M. D. Raaninetta OneStart m and Bagu.

MARYLAND STATE DEPARTMENT OF HEALTH

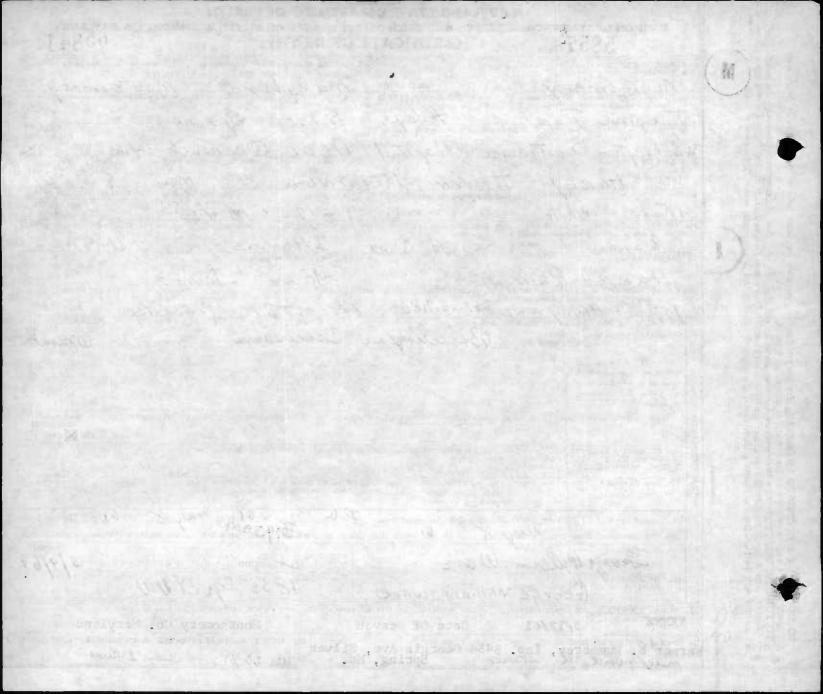
MARYLAND STATE DEPARTMENT OF STATES AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5857

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|--|---|
| a. COUNTY | a. STATE b. COUNTY |
| MARYLAND MARYLAND | maryland Montgomery |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest toyn) |
| The same of the day of | 5.1 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS O. IS RESIDENCE |
| | ON A FARM? |
| WashingTon Sinitarium and Hospital | 11600 ORE baugh Hire. YES NOW |
| 3. NAME OF First Middle | Last 4. DATE Month Day Year |
| (Type or print) | CIALIDIC O DEATH MAC. C 10 (|
| I WEEV LEVING IN | 7/1/1/0-4 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| Malo White WIDOWED DIVORCED | 9 - 19 1 19 W yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS | 1 - 1 - 18 1 - |
| dona during most of working life, evan if retirad) | II. BIKITIFEACE (Couliny & State, or foleign country) |
| Owner Launder Our | = IlliNois U.S. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 11 | <i>j</i> |
| HARRY KEININGA | Jane James |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivawarordatesofsarvica) | INFORMANT Address |
| Yes ARMIN WWW 351-65-7180 | Hosa T. 1 Proceeds |
| 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), end (c).] | Hospital records |
| PART I, DEATH WAS CAUSED BY: | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | a Conceriona Onesuls |
| DUE TO | |
| Contract of the contract of th | |
| gave rise to Immediate cause (b) | |
| (a), stating the underlying DUE TO | |
| cause last. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | PERFORMED? |
| <u> </u> | YES NO |
| 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) | ED. (Entar natura of injury in Part I or Part II of itam 18.) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. P | LACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) |
| | actory, street, office bidg., etc.) |
| p.m. 19 at work all work | |
| 21. I certify that (I) (this haspital) attended the deceased from | 7eh 1961 to was 8 , 1961, that (1) (we) las |
| | 2.11-AN |
| saw the deceased alive on | at death occured 2 |
| 228. SIGNATURE | ATTENDING MED. STAFF 22b. DATE |
| Jeoge William Wate | M.D. PHYS. DIRECTOR PHYS |
| 22c. PHYSICIAN'S | 22d. ADDRESS, C. 2 - d / l |
| NAME (Type) A | 1855 EU JX 1/41. |
| Leorge William Ware | |
| 23a. BURIAL, XBEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER | Y OR CREMATORY 23d. LOCATION (City, town or county) (Stata) |
| REMOVAL (Spacify) 5/12/61 Gate Of Hea | ven Montgomery Co. Maryland |
| AND THE STREET OF THE STREET O | OF DECID BY BEGISTERAD OF DECISTRADIC CICALATURE |
| varner L. Pumphrey, Inc. 8434 Georgia Av. Railmond C. 213ka Spring | Silver 238, REC D BI REGISTRAK 238, REGISTRAK S SIGNATURE |
| Railmond a. Ziska Spring | Md. DATMAY 15'61 circlan & thomas |

TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Fig. 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and is any event, within 72 hours after death hin 24 hours after TO HOS VR A15 (4) 15M 9/60

K



TO HOSP FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5858
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH o. COUNTY | | | | ved, If institution: Residence before edmission) |
|---|-------------------------------------|--|-------------------------------|--|
| Montgomery | MARYLAND | West Virg | | COUNTY |
| b. CITY OR TOWN (if outside corporete limits, | c. LENGTH OF STAY IN 16 | The same of the sa | | ts, write RURAL end give neerest town) |
| Bethesda (Rural) | 39 days | Bowlel or C | Invince | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not i | | d. STREET ADDRESS | | e. IS RESIDENCE |
| U. S. Naval Hospital | in Heading 2000 street and address; | | | ON A FARM? YES NO X |
| 3. NAME OF First DECEASED | Middle | Lest | 4. DATE | Month Dey Yeer |
| (Type or print) Harold | Alston | RICE | | ay 25 1961. |
| 5. SEX 6. COLOR OR RACE 7. MA | ARRIED T NEVER MARRIED 1 8 | DATE OF BIRTH | | years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | OWED DIVORCED | 10-29-94 | last birtl | hdey) Months Deys Hours Min. |
| Tanada Indiana | Db. KIND OF BUSINESS OR INDUSTR | | unty & Stete, or foreign co | |
| done during most of working life, even if retired) | | II. BIKITITEACE (COI | anny a siele, or loreign a | |
| Educational Adviser | ICA | | Virginia | USA |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | |
| Frank RICE | | Bertha FI | SHER | |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. I | NFORMANT | A | Address |
| (Yes, no, or unkown) (If yes give were rdetes of service) | (w) | Mrs. Elean | or Rice, sam | ae as #2 above |
| 18. CAUSE OF DEATH [Enter only one ceuse | | 72 01 220 | | INTERVAL BETWEEN |
| 4 | | +) | :4 - | A ONCET AND DEATH |
| IMMEDIATE CAUSE (e)_ | neurysm (ascendi | ing cioria! | win rup | were suro |
| DUE TO | 1 1 1 1 | | | |
| Conditions, if eny, which | left lung itial | ony undeter | mined (Due | day postaperative) |
| geve rise to immediate cause | | 0 | | |
| (e), steting the underlying DUE TO | | | | |
| Z PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO REATH BUT NO | T DEL ATED TO THE YEAR | UNAL DISEASE CONDITIO | ON CIVEN IN BART WALL TO WAS ALTORSY |
| PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | I KELATED TO THE TERM | MAL DISTASE CONDITIO | PERFORMED? |
| 5 | | | | YES X NO |
| © 200. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURED. | (Enter neture of injury in | n Pert I or Pert II of item 1 | 8.) |
| 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. | 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, fa | rm, 20f. (City or town) | (County) (State) |
| Hour e.m. | 17 11110 | ory, street, office bldg., e | tc.) | |
| 7 | t work et work | | 7.9 | - 05 67 |
| 21. I certify that X (this hospital) a | | | | |
| saw the deceased alive on May | 25 19.61 , and that | death occured at | 10AM, from the ca | auses and on the date stated above |
| 22e. SIGNATURE | 41 | 1 | hat six or expense | 22b. DATE |
| James & Me Cleval | her M. | ATTENDING PHYS. | MED. STAFF PHYS. | |
| 22c. PHYSICIAN'S | | 22d. ADDRESS | | 20 20 |
| NAME (Type) James E. MC C | LENATHAN, CDR, MSC | .USN U. S | . Naval Hosp | pital, Bethesda, Md. |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY | | 23d. LOCATION (C | |
| REMOVAL (Specify) | | | | |
| Burial 5-29-61 | Greenway Ceme | | Berkley | |
| 24 PUNERAL DIRECTOR'S SIGNATURE | 3.42 ADDRESS | | | 5b. REGISTRAR'S SIGNATURE |
| R. A. Pumphrey Funeral H | Iome, Bethesda, Mo | 1. DATE | MAY 29'61 | arthur S. Kraus |
| R. A. Pumphrey Funerall H | Iome, Bethesda, Mo | DATE " | Z 9 01 | Certain J. Thank |

| | dalp | 111 0637 | | | wenti'i. |
|----------------|------------------|-----------------------|---------------------|-------------------|----------------------|
| | 951.198 | Berkley | 23. gr. 2 | (Lerus) at |) ของและ เกาะเกาะ |
| | VF Bab | 600 fre (60) maj | | Marginet Hospinst | B. 3. |
| 104 - 29 | VIM . | L.I. | COULTY | Monet | |
| | | 4 (to 6 5 to 1) and | * | o maiacaya0 | \ \ \ |
| AFU | Virginio - | casi | CA | nation In | Bayestic |
| | Filt3. | Ecroba Pi | | | A wasti |
| evenu s | or Rice, sene to | |) | INT | J61 |
| | | (Acres was | and an independ | | |
| (- W. am) | | | | | |
| x | | | | | |
| | | | | | |
| * 10 | CF ANY TO | or track | lý | es yan | |
| | X | | | making blood | |
| .w. (-3.202.90 | Le ison Lavel . | Walley U. | 21. (2.10 en. 13. 1 | Jumes B. MC CLA | |
| .aV .W . | Terkley Spring | | | 5 - 09-cz. | Aleco Sil |
| | | . 52. | . Controlly | melle, Theren in | - 62 |

FOR STATE

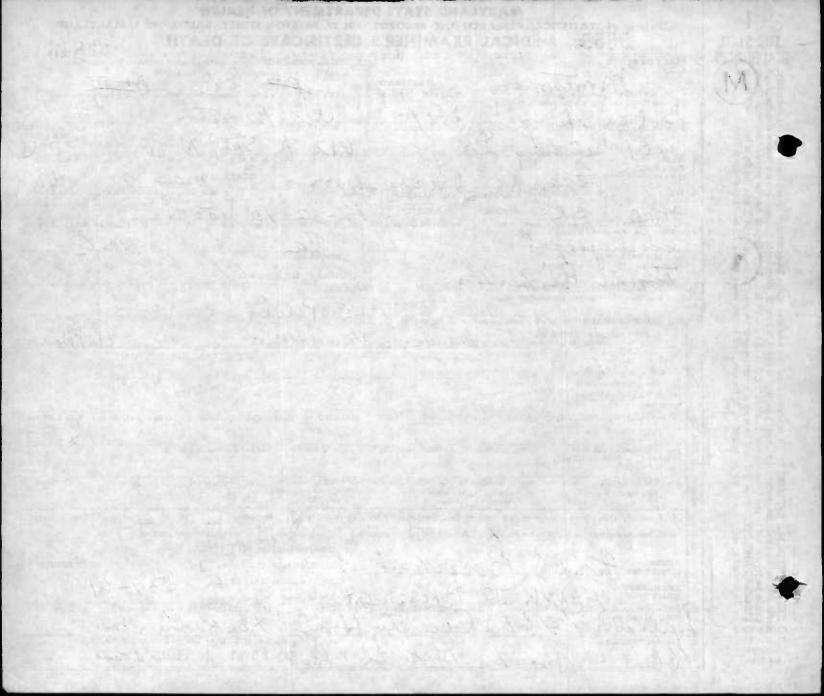
TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ey is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS: Page 5 may be retained for your filter TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Board of Machine or its designated agent, prior to burial, cremation, or removal, and in any event with the 12 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5859 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1 | 1. PLACE OF DEATH Item 14 Film G287 | 2 USUAL RESIDENCE (Where decease | d lived, If institution: Residence before edmission) |
|---|--|--|--|
| | COUNTY | a. STATE L. A Q | b. COUNTY |
| 1 | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY ON TOWN (If outside constraint | Manla |
| ı | write RURAL end give neeres town) | c. City Ok Owit (if outside corporate | limits, write RURAL and give quarest town) |
| | Silver Shing doots | Washingt | m H/X |
| | d. NAME OF HOSPIPAL OR PASTITUTION (f not in hospitel, give street eddress) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| 1 | 901 Versting Dr. | 612 N SU, | N. IV YES NO V |
| I | 3. NAME OF First Middle | Last 4. DATE OF | Month Dey Yeer |
| | (Type or print) The A Charles | DEATH | may 9 1961 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | | E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | man CAO WIDOWED DIVORCED | 10 1- 1- | birthda) Months Deys Hours Min. |
| | 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR | | 12. CITIZEN OF WHAT COUNTRY? |
| Т | done during most of working life, even if retired | 1/- | 91.5 G |
| | 13, FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 41.24 |
| | TO NOI | | |
| - | 15. WAS DECEASED EVER IN U.S. ARMED FURCES? 116. SOCIAL SECURITY NO. 1 17. | Mandy unknown | Address |
| 1 | (Yes, no, or unkown) (Ifyas give wer or deles of sarvices) | 4 - 0 4 1 | Vacions |
| | | 1. E. Polise | |
| ı | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: | | ONSETIAND DEATH |
| | IMMEDIATE CAUSE (a) FRIEdlander 3 | PNEUMONIA | UNKNOWN |
| 1 | 4 11 X DUE TO | | |
| | Conditions, if eny, which (b) | | |
| P | geve rise to immediate cause DUE TO | | |
| | cause last. (c) | | |
| 1 | | T RELATED TO THE TERMINAL DISEASE CONC | |
| | OLY CONTRACTOR OF THE CONTRACT | | PERFORMED? YES NO |
| 9 | | ntar nature of injury in Part I or Part II of item | |
| 1 | ☑ PRIMARY ☐ or CONTRIBUTING ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | |
| 1 | | CE OF INJURY (Home, farm, 1 20f. (City or to | wn) (County) (State) |
| | Hour a.m. While Not While fect | ory, street, office bldg., atc.) | (500) |
| | | | |
| 1 | 21. I certify that I took charge of the remains described above, he | | Inquiry, and in my opinion |
| 1 | death resulted from: Natural causes , Accident , Suici | de, Homicide, Undeter | mined manner |
| 1 | 1 1 1 1 1 | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE THEN I MOSCHALT | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| | EXAMINER'S K. | DEPUTY MEDICAL EXAMINER | 5-9-61 |
| | NAME (Type) FLANK J. BLOSCHA | Address (Street, city, town, or county | |
| | 222 PURIAL, CREMATION, 228 DATE THEREOF 22c. NAME OF CEMETERY OR | CREMATORY 22d. LOCATION | City, town or country) (Stele) |
| | Bural 1/3/6/ County | Home Hock | uelle, mol. |
| | 23. EUNERAL DIRECTOR AODRESS | 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE |
| 1 | Robert L. Anowhen Nockuel | le md - DAMAY 15'61 | andlus S. Krans |
| - | | | |



M

5000

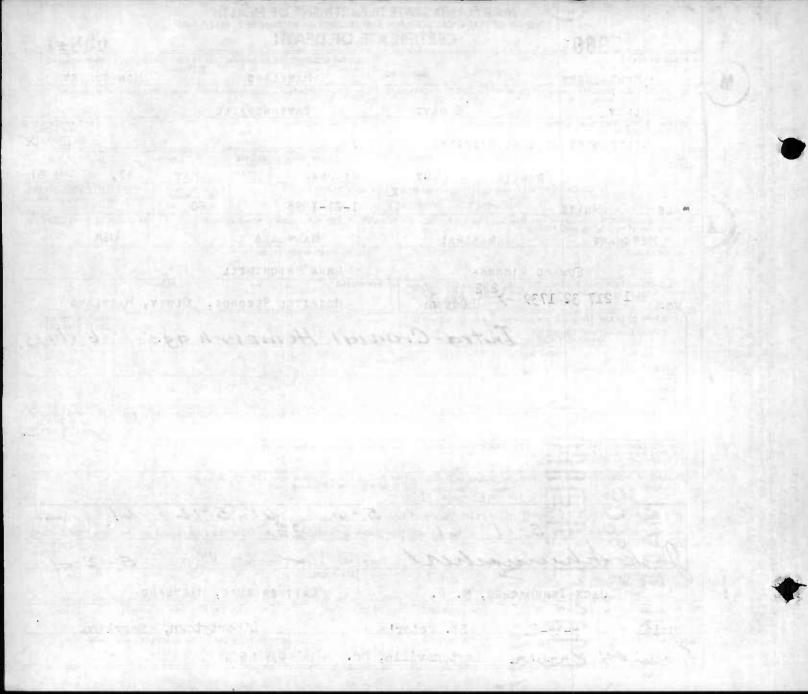
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| , | 1. | 0 | - 3 | p.0. |
|---|----|---|-----|------|
| U | O | X | 4 | 1 |

| | 0.01/ | | | | | | | | |
|--|--|---|------------|------------------------------|------------------------|-----------------------------------|-----------------|-------------|-------------------|
| 1. PLACE OF DEATH o. COUNTY | | MARYL | | USUAL RESIDENCE (W | | d lived. If institution b. COUNTY | | | |
| MONT | GOMERY | MANTE | | MARYI | LAND | | MONTG | OMERY | |
| RURAL and give ne | outside corporate limits, warest town) | | N 1b | CITY OR TOWN (IF | | | URAL ond give n | earest town | 1) |
| ULNEY | | 6 DAYS | | LAYTO | DNSVIL | LE | | | |
| OR INSTITUTION | AL (If not in hospital, give s | | | d STREET ADDRESS | | | | | FARM? |
| MONTG | OMERY GENERA | L HOSPITAL | | | | | | 1 163 | NOIA |
| 3. NAME OF DECEASED (Type or print) | FIRANC | Middle Guy | | RIORDAN | 4. DATE OF DEATH | May | 12, | -/ | Yeor 19 61 |
| 5. SEX | | MARRIED NEVER MARRIE | BE | DATE OF BIRTH | | 9. AGE (In years | IF UNDER 1 YEA | R IF UND | ER 24 HRS. |
| MALE | | DOWED DIVORCED | | 1-21-1893 | BOLDER | lost birthdoy) 68 yrs. | Months Doys | Hours | Min. |
| | | 10b. KIND OF BUSINESS OF | INDUSTRY | 11. BIRTHPLACE (Stote | or foreign c | ountry) | 12. CITIZEN | OF WHAT C | OUNTRY? |
| during most of work | ing life, even if retired) | GENERAL | | MARYLA | | | US | | |
| 13. FATHER'S NAME | | | 1 | 4. MOTHER'S MAIDEN | NAME | | | | |
| | EDWARD RI | ORDAN | 1,14 | ANNA BRI | GHTWEL | L | | | |
| 15. WAS DECEASED EVE | IN U. S. ARMED FORCES | 16 SONCIAL SECURITY, NO. | 17, INFO | RMANT | | Add | ress | | |
| Ves. no, or unknown | 217 32 1739 | THE WILL THE WAY | | HOSPITAL | RECOR | DS, OLNE | Y, MARY | LAND | |
| IR CAUSE OF DEA | TH [Enter only one couse | per line for (o), (b), and (c).] | | | | | 110 | ITERVAL BE | TWEEN |
| | TH WAS CAUSED BY: | Total Control of the | | // | | , | 0 | NSET AND | |
| TANTI. DEA | IMMEDIATE CAUSE (0) | LNITTA-CV | an | 191 Hei | NOV | rh gg | C | 6 0 | dys |
| 331) | DUE TO | | | | | | | | |
| Conditions, if or | ny, which) (b) | | | | | | | | |
| gove rise to in | n mediote | | | | | | | | |
| couse (o), stoting | the under- | | | | | | 1 - | | |
| lying couse lost. | , (c) | | | | | | | | |
| PART II. OTH | ER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEA | TH BUT NO | T RELATED TO THE TERM | INAL DISEAS | E CONDITION GIV | EN IN PART 1(0) | 19. WAS | AUTOPSY ORMED? |
| ATI | | | | | | | | | NO ZL |
| E 20a. ACCIDENT WA | C LINIDEDLYING TO TOOL | DECCRIPE HOW INTILIPY OF | CHINDED / | E-tt of lainen la | Don't Los Pos | t II of item 10 \ | | 1.00 | Lab |
| OR CONTRIBUTING | CAUSE OF DEATH MEDICAL EXAMINER) | . DESCRIBE HOW INJURY OC | .CURRED. (| enter noture of injury in | TOTT I OI TOI | THO HER IS.) | | | |
| ZOc. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Year | 20d. INJURY OCCURRED | 20e. PLACE | OF INJURY (Home, fare | m. 20f. (City | or town) | (Count | vl | (Stote) |
| Hour o.m. | | While Not while | | y, street, office bldg., etc | | | (200111 | " | (5.0.0) |
| ₽. m. | 19 | ot work ot work | | | | | | | |
| 21. I certify tha | t (I) (this haspital) a | ttended the deceased | | - 44 | 6 1. to _ | 5-12 | | thot (I) (| |
| sow the deceos | ed olive on 5 - | 1961, ond | that dea | th occurred of | M, from | the couses on | d on the do | te stoted | abave. |
| 22 SIGNATURE | / | | | | | | | | b. DATE |
| Jack. | Schun | cacher | M.E | ATTENDING PHYS. | AED. | STAFF PHYS. | 5 -1 | 12-6 | SIGNED |
| 12c. PHYSICIAN'S NAME (Type) | | | | 22d. ADDRESS | | | | | |
| | JACK SCHUMAC | HER. M. D. | | GAITH | ERSBUR | G. MARYL | AND | | |
| 23o. BURIAL, CREMATIO REMOVAL (Specify) | | 23c. NAME OF CEME | TERY OR C | REMATORY | 23d. LOCA | TION (City, town, | or county) | (Stot | ie) |
| Purial | 5-15-61 | St. Pete | ris | | Libe | ertvtown. | Marvla | and | |
| 24. FUNERAL DIRECTOR | | ADDRESS | | 25a. REC | D BY REGIS | | STRAR'S SIGNAT | | |
| Francis 9 | X. Barber | _ Laytons vil | Lle, M | d. DATE M | AY 15' | | Alma S. Kr | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5961 Rea. Dist. No. funeral director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY MARYLAND Montgomery Maryland Montgomery decth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Silver Spring Five years Silver Spring d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT 170 Glenmont - Colesville Road 170 Glenmont - Colesville Road puc 2 Middle 4. DATE Month Day Year filled DECEASED (Type or print) DEATH MAY 16, Charles Edgar Robey 19 61 ges 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday)
88 yrs. B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Male White Dec. 7. 1 872 WIDOWED [7] DIVORCED T complet papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) Wholesale Driggist Maryland U.S.A. puo pou Retired - Business offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 John H. Robey Maryland Alexenia Roby Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 170 Glenmonto- Colesviile 577**-**07**-**1328 Miss Lucille C. Rober Coring 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ilrinary Tract infection 2 months DUE TO Conditions, if ony, which (b) Amoutation Left leg 2 months gned gove rise to immediate DUE TO per cotse (o), stoting the underlying couse lost. (c) Arteriosclerosis 20 years buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH 20e. PLACE OF INJURY IHome, form. Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 4.00 2000 21. I certify that I attended the deceased fram Ignuary......, 1961., ta. 5/16/61...., 19.....that I last saw the deceased and that death occurred at 4 004M, from the causes and an the date stated above. alive on_ RECTOR: ADDRESS (Street, city or town, stote) ACTUAL prior 8107 Eastern Avenue Silver Spring Md. 9 shoule registror PHYSICIAN'S NAME (Type) Bernard H. Ostrow 3 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) Parklawn Cemetery 5/18/61 Ruri ol Montgomery County Maryland 0 ADDRESS 8434 Georgia Ave Silver Spring, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Warner E. Pumphrey, Inc MAY 2 2 '61 arthur S. Krous DATE aummed a Ziska 15M 9/55

death. For 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours after The law requires that the death certificate be executed PHYSICIAN: OR ATTENDING

MADVIAND STATE DEDADTMENT OF HEALTH

| MAK! | PULL RIVIE BELWIN | TENTI OF HEALTH | |
|--------------------------------|-------------------------|---------------------------|-------------|
| DIVISION OF STATISTICAL RESEAR | RCH AND RECORDS, 301 W. | PRESTON STREET, BALTIMORE | 1, MARYLAND |

| DIAISI | on of statistical r 5862 | CERTIFICAT | | n street, baltimo I | U5849 |
|---|--|--|---|--|---|
| Montgor | | MARYLAND | 2. USUAL RESIDEN e. STATE Virginia | CE (Where decessed lived, II i b. COUN | institution; Residence before edmission |
| b. CITY OR TO | WN (if outside corporete limits, AL end give neerest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | If outside corporete limits, write | RURAL end give neerest town) |
| d. NAME OF I | HOSPITAL OR INSTITUTION (if no | | d. STREET ADDRESS | 2 | Is residence on a farm? |
| 3. NAME OF DECEASED (Type or print) | Naval Hospital First Carl | Middle Albert | ROHLOFF | ey Drive 4. DATE Month OF DEATH MAY | Dey Yeer 3 19 61 |
| 5. SEX | 0 | | 7-10-34 | 9. AGE (In yeers last birthdey) | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min. |
| 10e. USUAL OCC | CUPATION (Give kind of work of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTI U.S.Marine Corps | RY 11. BIRTHPLACE (Cou | nty & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NA | ME | | 14. MOTHER'S MAIDEN | NAME | |
| | B. ROHLOFF ED EVER IN U.S. ARMED FORCES | | Anna Mae F | URCELL | |
| Conditions, is geve rise to it (a), stefing ceuse lest. | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO f any, which mmediate cause the underlying DUE TO OTHER SIGNIFICANT CONDITION | Leukemia, acute, | | nal disease condition giv | EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES 12 NO 1 |
| OR CONTRIBI | NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY OCCURED | D. (Enter neture of injury in | Pert I or Pert II of item 18.) | 123 A NO |
| 20c. TIME O Hour | | | ACE OF INJURY (Home, fer tory, street, office bldg., etc | | (County) (State) |
| | eceased alive on May | thit has | ATTENDING PHYS. 22d. ADDRESS | 19 60 to May 3. 35 PM the causes MED. STAFF DIRECTOR PHYS. X | and on the date stated above 22b. DATE 5-3-61 |
| 23e. BURIAL, CR | EMATION, 236. DATE THEREOF | | | 23d. LOCATION (City, tov | |
| Buria. | | Arlington Na | tional | Arlington | Virginia |

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Thous

'61

MAY 5

W.W.Chambers Co., 3072 M St., NW, Washington, DC

TO HOSP VR A15 (4) 15M 9/60

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Dec. 22 Le: Jen May 3 to 1 cm

J-3-51

THE WATER

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Joseph e. Salivens, on, Mr., V ? U. S. Haval nospical, Bethesan, Ma.

Buriel 515.51 Aulington Eastenal Virginia motgalina A THE STATE OF THE . Charlers Co., 30 E H Sc., K , Marla Con, C

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 H

Reg. Dist. No. U585/1

| 1. PLACE OF DEATH o. COUNTY Mont | gomery | MARYLAN | 2. USUAL RESIDENCE (o. Varginia | Where deceased I | lived. If instituti b. COUNTY | | fore admission) |
|---|--|---|---|---------------------------|---|------------------------|--|
| | If outside corporate limits, wri | c. LENGTH OF STAY IN 1 | c. CITY OR TOWN (| | te limits, write R | URAL ond give n | earest town) |
| d. NAME OF HOSPIT OR INSTITUTION | TAL (If nat in hospital, give st | reet address) | d. STREET ADDRESS | X-1 | | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | First Berth | a Payne | Ross | 4. DATE OF DEATH | Ma; | | Oay Year 6 |
| 5. SEX Female | TOTAL P. A. | NARRIED NEVER MARRIED DIVORCED | W 00 11 | | . AGE (In years los 50 thdoy) yrs. | Months Days | AR IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION during most af warl | ON (Give kind of work done king life, even if retired) | 10b. KIND OF BUSINESS OR IN | DUSTRY 11. BIRTHPLACE (SEC | ote or foreign cou nia | ntry) | 12. CITIZEN C | S WHAT COUNTR' |
| 13. FATHER'S NAME James | Hewitt | | 14. MOTHER'S MAIDEN | a Sarve | r | | |
| 15. WAS DECEASED EVE (Yes, no, or unknown) | R IN U. S. ARMED FORCES? (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | Albert Ross, | Barnesvi | ille,Md | ress | |
| PART I. DEA 420-1 Conditions, if o gave rise ta i cause (o), stating lying couse lost. | mmediate the under- (c) | Acute Co | viteriy Dise ve-Cardio V | | Disc | lerasis) { | mon the mon th |
| PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR HOUR O. m. | CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeor 20 | DESCRIBE HOW INJURY OCCU d. INJURY OCCURRED 20e. hile Not while work at work | RRED. (Enter noture of injury PLACE OF INJURY (Home, fo foctory, street, office bldg., | arm, 20f. (City o | 1-55 | (County | YES NO |
| | Gordon M.Sn | Smith | nth accurred at 1/03 | P.M. fram th | | d an the dat stote) | aw the decease te stated abav DATE SIGNI R May 61 |
| 220. BURIAL, CREMATIO REMOVAL (Specify) Burial | 5/26/61 | 22c. NAME OF CEMETER | Y OR CREMATORY | | ON (City. town, | or county) , Maryla | (State) |
| 23-FUNERAL DIRECTOR | 's SIGNATURE Wilte | n Barnes | | MAY 3 1 '6 | | STRAR'S SIGNAT | |

| | | C MARC NO II | | | |
|---------|------------|--|-------------|----------------|-----------|
| and to | | Virtinia | | (15(20) | Jno! |
| | | gradati vel Di | 100 T | SILLY | non toll |
| 10 7/10 | 1014 | Carl Stand | Payne | nds red | |
| | | in the state of th | | | Female |
| 8.1 | | Marariv | | eriw sun | |
| | E 6" | VINE advant | | stiwon | waint L |
| | be, of the | ment bean, Barnes | Es. | NO. | |
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| bus.197 | of ollevil | Dep | Monoanny | 19/20/2 | Lorens |
| | | at I would be | , | | west on a |

| hin 24 hours after | | illed in by the funeral | Pages 1 and 2 should | rs after death. | (|
|---|---|---|--|---|---|
| TO HOSE ATTENDING PHYSICIAN: The law requires that the death certificate be executed hin 24 hours after | death, i.e. 4 may be retained by the hospital or attending physician. | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral | in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. P | S. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. | |
| | 15 | M | 9/0 | 50 | |

| DIVISIO | MAR ON OF STATISTICAL RESE | YLAND STATE DE | PARTMENT O | F HEALTH N STREET, BALTI | MORE 1. MA | RYLAND |
|---------------------------|---|---------------------------------|--------------------------------|--|------------------------|--|
| | 5864 | CERTIFICATI | | | | 05851 |
| 1. PLACE OF D | EATH | | 2. USUAL RESIDE | ICE (Whara daceesed liv | ed, If institution: Re | sidence before edmission) |
| Montgom | ery | MARYLAND | Maryland | Mic | ntgomery | |
| b. CITY OR TO | OWN (if outside corporate limits, AL end give neerest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If outside corporata limit | | give arast town) |
| | a (Rural) | 10 days | Bethesda | | | 5 |
| d. NAME OF | HOSPITAL OR INSTITUTION (if not in | hospitel, give street eddress) | d. STREET ADDRESS | | | a. IS RESIDENCE ON A FARM? |
| U. S. N | aval Hospital | | 9809 Mont | auk Avenue | | YES NO K |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE | Month | Dey Yeer |
| (Type or print) | LIGHCES | | ROZNOSKI | TO THE OWNER OF THE OWNER | lay 2 | 25 19 61 |
| 5. SEX | 6. COLOR OR RACE 7. MAR | RIED NEVER MARRIED 8 | . DATE OF BIRTH | 9. AGE (In lest birth | 1 1 | |
| Female | Caucasian WIDO | WED X DIVORCED | 11-7-86 | F7 1. | yrs. Months D | eys Hours Min. |
| 1Da. USUAL OCC | CUPATION (Giva kind of work 1Db | . KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Cou | enty & State, or foreign co | untry) 12. CITIZ | EN OF WHAT COUNTRY |
| Housew | | | 0 | hio | U.S | S.A. |
| 13. FATHER'S NA | AME | | 14. MOTHER'S MAIDEN | NAME | | |
| | ROZNOSKI | | Katherine (| unknown) | | |
| 1S. WAS DECEAS | SED EVER IN U.S. ARMED FORCES? 1 wn) (Ifyesgiva war or dates of sarvice) | 16. SOCIAL SECURITY NO. 17. | NFORMANT | A | ddress | |
| No | | None (D) | Mrs. Laver | ne Koon, san | ne as #2 8 | above |
| | OF DEATH [Enter only one couse po | or line for (e), (b), and (c).] | 1 | m 0 | | ONSET AND DEATH |
| PARI I. | DEATH WAS CAUSED BY: | espirato | in Jai | luce | | 3 weeks |
| | DUE TO - | 2010 | 0,10 | | | |
| | if eny, which (b) | Maligno | nt de | ralon | M | 3 years |
| | the undarlying DUE TO | 0 | | | | 0 |
| | OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | INAL DISEASE CONDITIO | N GIVEN IN PART | 1(e) 19. WAS AUTOPSY |
| 2Da. ACCIDE OR CONTRIB | | | | | | YES NO - |
| 2Da. ACCIDE | NT WAS UNDERLYING 20b. E | DESCRIBE HOW INJURY OCCURED | . (Enter neture of injury in | Pert I or Pert II of item 1 | 3.) | 1112 [10 [|
| OR CONTRIB | UTING CAUSE OF DEATH | | | | | |
| ZOc. TIME O | FINJURY Month, Dey, Yeer 20 | | CE OF INJURY (Home, fe | | (Coun | ty) (Stete) |
| 20c. TIME O | | hile Not Whila fact | tory, straet, office bldg., et | (e.) | | |
| | ify that XI (this hospital) att | Lund Lund | May 15 | 1861 to May | 25 19 | that (*) (we) las |
| | leceased alive on May | 25 19 61, and that | death occured at | 08AM, from the ca | uses and on th | ne date stated above |
| 22a. SIGNA | James YI | n. Therego | ATTENDING PHYS. | MED. STAFF DIRECTOR PHYS. | | 5-25-61 DATE |
| 22c. PHYSIC NAME | | G, to, MC, USIN | U. S. NA | VAL HOSPITA | L, BETHES | DA, MD. |
| 23e. BURIAL, CR | REMATION, 236. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (C | ity, town or county | (Stete) |
| Burial-Sh | | Calvary Cer | netery | Toledo | | Ohio |
| | ECTIONS SIGNATURE | ADDRESS | | EC'D BY REGISTRAR 25 | b. REGISTRAR'S S | IGNATURE |
| R. A. Pun | phrey Funeral Hom | e, Bethesda, Md | DATE | AY 29'61 | Commy & | 4 |
| | | | | | | · ···································· |

The Manager der aug mag Louis against (ferm) phaerical Shapar Theques feet Legignol Level .a .U INCOMPORT 21111 30-7-11 Per le Cenons In . 0140 .A.S.U Hous wife (as min) wire LAC TY HOTEL Mone (a) hrs. Enverne Noon, same as C above My 12 Ciona May 25 61

ones M. Yould, it, es, but U. v. w VAL HOPPER of Lulidian , Fo.

Dariel- nighen 5-26-11 Calvery Consucry . Toledo M. A. Punginey Pungial Road, Bothesda, Md.

5-25-61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5865

| | 000J | 100 | CERTIF | FICA | TE OF DEAT | Н | | | 458 | 52 |
|---|---|--------------------|---------------------------|--|---|------------------------|------------------------------------|-------------------------------------|---------------------------|----------------------------|
| 1. PLACE OF DEATH a. COUNTY Montgomery | | | MAR | YLAND | 2. USUAL RESIDENCE (* o. STATE Virginia | Where decease | d lived. If institution b. COUNTY | on: Resident | ce before ad | mission) |
| b. CITY OR TOWN | (If autside carparate lim | ils, write | c. LENGTH OF STAY | / IN 1b | c. CITY OR TOWN (I | If autside corpo | orate limits, write R | URAL and g | ive nearest t | own) |
| RURAL ond give nearest town) Bethesda | | | 2 days | | Arlington | | | | 5 | X |
| d. NAME OF HOSP | ITAL (If not in hospital, | give street | address) | | d. STREET ADDRESS | | | | e. IS | RESIDENCE N A FARM? |
| The Clinic | al Center, | Beth | esda 14, M | d. | 3854 North | Second | Street | | | NO |
| 3. NAME OF DECEASED (Type or print) | Paul | rst L | Middle Emmers | | Runion | 4. DATE OF DEATH | Mon May | th | Doy 16 | Year 1961 |
| S. SEX | 6. COLOR OR RACE | 7. MARE | RIED NEVER MARR | IED 🏝 | B. DATE OF BIRTH | | 9. AGE (In years Jast birthday) | | 1 YEAR IF U | |
| Male | White | WIDOW | ED DIVORCE | ED 🔲 | December 1, | 1954 | 6 yrs. | Months | Days Ho | urs Min. |
| 10a. USUAL OCCUPATI during most of wo Student | dane 10b. | None | | STRY 11. BIRTHPLACE (State or foreign country) Virginia | | | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13. FATHER'S NAME | | | The state of the state of | | 14. MOTHER'S MAIDEN NAME | | | | | |
| Owen Runion Avis Funkhouser | | | | | | | | | | |
| IS. WAS DECEASED EV | ER IN U. S. ARMED FOI | | SOCIAL SECURITY NO | D. 17, II | NFORMANT The Me | dical I | Record Add | ess | | |
| (Yes. no. or unknown) | (It yes, give war ar dates of | service) | None | | he Clinical | | | | Maryl | and |
| 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] | | | | | | | | | INTERVAL BETWEEN | |
| PART I. DE | ATH WAS CAUSED BY: | C | ardiac Arre | est | | | | | 1 Into | ediate |
| 75 Canditions, if | DUE TO | | ongemital | Hear | t Disease, T | etralo | y of Fal | lot | 6 3 | ears |
| gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Corrective cardiac surgery | | | | | | | | | 6 hours | |
| PART II. OT | THER SIGNIFICANT COM | | | | NOT RELATED TO THE TER | RMINAL DISEAS | E CONDITION GIV | EN IN PAR | T 1(o) 19. W PE YES | REORMED? |
| 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF | YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY C | OCCURRE | D. (Enter nature of injury | in Port I or Po | rt II of item 1B.) | 180 | | |
| 20c. TIME OF INJU Hour o. m. p. m. | 10 | While of wor | | 20e. PL fo | ACE OF INJURY (Home, fo ctory, street, office bldg., | etc.) 20f. (Cit | y ar tawn) | (0 | County) | (Stote |
| | at (I) (this haspita | l) attend ay 16 | led the deceased | fram | May 14 death accurred at 6 | 1961 to | May 16 | , 196. d an the | L, that (| l) (we) las |
| 220. SIGNATURE | an Ja | edal | | 700 | M.D. ATTENDING | MED. DIRECTOR | STAFF W | 35 | | 22b. DATE SIGNE 17/6 |
| 22c. PHYSICIAN'S NAME (Type) | ALLAN COL | DBLAT | T, M.D. | | 22d. ADDRESS Th Institut | | Lcal Cent Lealth, B | | Natio | nal |
| 230. BURIAL, CREMATI BURIAL (Specify BURIAL - CT | on, 23b. DATE THERE | 7-61 | Oak Gre | | | 23d. LOCA | TION (City, town, olks Run | or county) | (| Stote) |
| 24. FUNERAL DIRECTO | | | ADDRESS | 1112 | | EC'D BY REGIS | | STRAR'S SIG | | |
| ROBERT | A. PUMPH | REY | Bethese | da, | Md. DATE | MAY 23 | 161 | 11 - 0 | 4. | |

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the finish the bear will be the perfect of the control of the HERE AND ADDRESS OF THE PARTY O the branch because of making a received and the The Course Course, Swinste St. Landon 5 5 5 Compactive Cart Michelle, Activatory of Allow Create Polyment a cardine surpers Single of the Property of the

strength and sall as a common every med at the law the first and deniel n. del neux decheson, ed.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

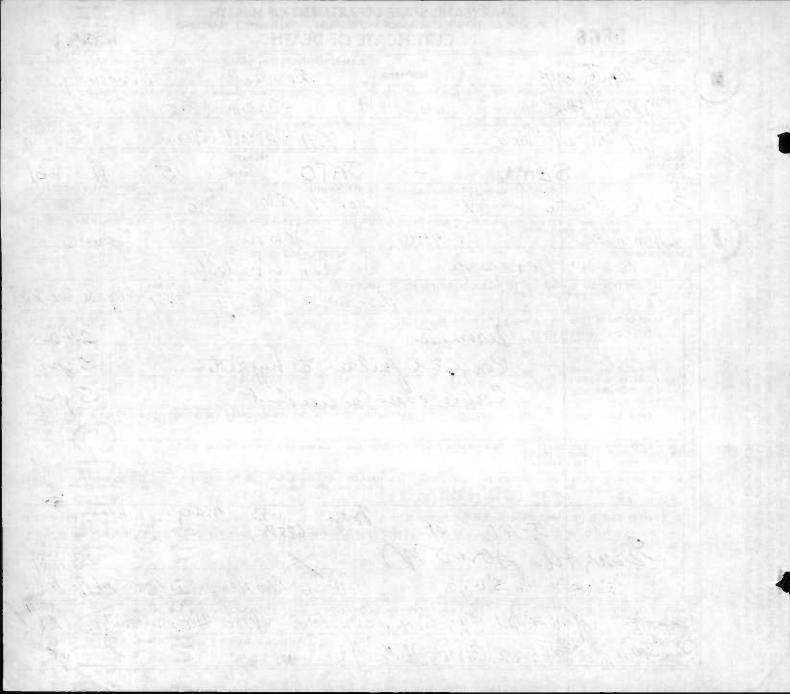
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| 0000 | CERTIFICA | IL OI DEAIII | | 00000 |
|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Monlagemery | MARYLAND | 2. USUAL RESIDENCE (Where of o. STATE Maryla | deceased lived. If institution b. COUNTY | Residence before admission) |
| b. CITY OR TOWN (If outside corporate limits, write RURA), and/give nearest lower | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (1) outside | e carporate limits, write RU | RAL and give nearest jown) |
| d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION CARRALL QUENUL | address | d. STREET ADDRESS | rall axenue | e. IS RESIDENCE ON A FARM? YES NO D |
| 3. NAME OF DECEASED (Type or print) SEMU | Middle | TATA | DATE Month OF DEATH Month | Day Year 196/ |
| S. SEX 6. COLOR OR RACE 7. MARR | The state of the s | B. PATE OF BIRTH 1880 | 9. AGE (In years last birthday) yrs. | IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) | al Home | STRY 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME? Gamage | uchi | 76 Tal an | ailable | 01 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. (Yes. no. or unknown) (If yes, give wor or dates of service) | 71/ | s. Florence Nich | inato (7409 | . 11.00. (1) a late V. 1 |
| 1B. CAUSE OF DEATH [Enter only one cause per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | ne for (a), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which gave rise to immediate cause (a), stating the under: Lying cause last. | ngestre fai | luc E hyp | enten | sys. |
| PART II. OTHER SIGNIFICANT CONDITIONS CO | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL | DISEASE CONDITION GIVE | N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Part I | or Part II of item 18.) | |
| ZOc. TIME OF INJURY Month, Day, Year 20d. If Haur a. m. While of war | Not while foo | ACE OF INJURY (Hame, farm, 20 ctary, street, affice bldg., etc.) | Of. (City or town) | (County) (State) |
| 21. I certify that (I) (this hospital) attends saw the deceased alive an 2 - 1/1 | F- 1 | 7 7 / | | . 19 <i>61</i> , that (1) (we) last d an the date stated abave. |
| 220. SIGNATURE | Mone | M.D. ATTENDING MED. DIRECT | OR PHYS. | 22b. DATE SIGNED 5/11/6/ |
| 22c. PHYSICIAN'S NAME (Type) ERNEST A. SA | ARAO, | 7006 Ten | Hampehire (| we Julk Ml |
| 23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Ray 13, 1961 | 23c NAME OF CEMETERY O | R CREMATORY, 230 | Lice Herges | County (State) |
| 2 CITALL MALLA, 254 | Carrell At Ken | 25a. REC'D BY | | TRAR'S SIGNATURE |

TO HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how then death. Page 4 may be refused by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



VR A1S (4) 1SM 9/59

M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 1. PLACE OF DEATH | | | CERTIFICA | TE OF DEATH | T-6, 10, 1 | | 05854 |
|--|--|--|--------------------------------------|---|--|--|--|
| o. COUNTY Montgol | ery | | MARYLAND | 2. USUAL RESIDENCE (W. o. STATE | | If institution: Reside COUNTY Montgome: | |
| b. CITY OR TOWN RURAL ond give i | (If autside corporate limearest town) (Rural) ITAL (If not in hospital, | | GTH OF STAY IN 16 | c. CITY OR TOWN (IF | | | |
| Bradford | | | | R. F. D. | # 2 | | YES NO |
| 3. NAME OF DECEASED (Type or print) | CARRI | rst E | Middle | Lost ATTERFIEID | 4. DATE OF DEATH | Month | Day Year 21. 19 |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED . | B. DATE OF BIRTH | 9. AGE lost b | (In years IF UNDE | R 1 YEAR IF UNDER 24 |
| female | colored | WIDOWED | | June 23, 1889 | 7: | yrs. | |
| 10a. USUAL OCCUPATI during most of wo Housewi | rking life, even if retired | done 10b. KIND O | F BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stote | | | T.S. A. |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | NAME | | |
| | awerence Br | | | Earry | Luciett | | |
| 15. WAS DECEASED EV (Yes, no, or unknown) | ER IN U. S. ARMED FO (If yes, give wor or doles of | | SECURITY NO. 17. | FORMANI | nnedy 200 | Marylan | od Awe. N |
| Conditions, if | immediate (| by Bre | ast (| can ce | 2 | | |
| Couse (o), stoting lying couse lost PART II. 61 | THER SIGNIFICANT COI | rem | UTING TO BEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE COND | ITION GIVEN IN PA | RT 1(o) 19. WAS AUTO PERFORME YES NO |
| Iying couse lost PART II. 01 PART III. 01 | the <u>under-</u> | 20b. DESCRIBE HO | OCCURRED 20e. PL | D. (Enfer noture of injury in | Port I ar Part II of ite | em 18.) | PERFORME |
| PART II. OT PART III. OT PART I | THER SIGNIFICANT COIL THER SIGNIFICANT COIL THER SIGNIFICANT COIL THER SIGNIFICANT COIL THE S | 20b. DESCRIBE HO 20d. INJURY C While No of work of | OCCURRED 20e. PL fo work and that co | D. (Enter noture of injury in ACE OF INJURY (Home, for ctory, street, office bldg., et death occurred at 11/4 | Port I ar Part II of ite | in 18.) 19.4 19.4 10.5 10. | PERFORME YES NO |
| PART II. OT PART III. OT PART I | THER SIGNIFICANT COI THER SIGNIFICANT COI TAS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, You To seed alive an | POPE TO SECULD TO SECULD SECUEDA SECULD SECULD SECULD SECULD SECULD SECULD SECULD SECULD SECUEDA SECULD SECULD SECULD SECULD SECULD SECULD SECULD SECULD SECUEDA SECULD SECULD SECULD SECULD SECULD SECULD SECULD SECUEDA SECULD SECULD SECULD SECULD SECUEDA | OCCURRED 20e. PL fo work and that co | D. (Enter noture of injury in ACE OF INJURY (Home, far ctory, street, office bldg., et death accurred at 1.6 ATTENDING PHYS. 22d. ADDRESS | Port I ar Part II of ite m, 20f. (City or town c.) Do 1a Mac M, fram the co AED. STAF PHYS 23d. LOCATION (Ci | in 18.) 19.4 19.4 10.5 10. | (County) (County) (County) (PL, that (I) (we) the date stated ab |

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| | | 51.4.1.1 | | earl deaf | FIC 15071 |
| ro to | VP 6 | STREET, STREET | | 27 (15 (4) | |
| | r, | June 15, 1896 | ************************************** | a develor | |
| a | | Marriand | | | Instituti |
| | | Harry Lobet Ins. Nagel Hemoty | 600 | resta cometien | |
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| | ington, io. | ra Leolana n | inii. | 20/10/3 | 18210T |
| | | | directoria. | a from the | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 14 Film G2875 DEATH wk CERTIFICATE OF DEATH

| 5 | 868 |
|----------------|-------------------------|
| 1. PLACE OF DE | Montgom |
| b. CITY OR TO | OWN (If outside corpora |

Pag Diet No U5855

| 00. | / \/ | | | | | - | ag. Dist. 110. | 0000 |
|--|---|--|-----------------------|---|------------------------|----------------------|--------------------------|--|
| 1. PLACE OF DEATH o. COUNTY | Montgomery | MARYLA | ND 2. | USUAL RESIDENCE (WHO S. STAT Maryla | nd | b. COUNTY | Residence before Montgon | odmission) nery |
| b. CITY OR TOWN RURAL ond give of Chevy | | write c. LENGTH OF STAY IN $3\frac{1}{2}$ years | | c. CITY OR TOWN (IF o | | e limits, write RUR/ | AL and give near | rest town) |
| d. NAME OF HOSPI OR INSTITUTION | TAL (If not in hospital, gives 60# DeRuss | street oddress) sey Parkway | | d. STREET ADDRESS 4604 DeR | ussey | Parkway | , , | ON A FARM? YES NO TO |
| 3. NAME OF DECEASED (Type or print) | First ELLA | Middle M. | SCI | IOII INEIDER | 4. DATE OF DEATH | Month May | Doy | Yeor 19 61 |
| s. sex Female | | VIDOWED NEVER MARRIED NIDOWED DIVORCED [| | ay 9, 1885 | | 1 1 1 1 1 1 | UNDER 1 YEAR | IF UNDER 24 HRS. Hours Min. |
| 100. USUAL OCCUPATI during most of wor Housewi: | | ne 10b. KIND OF BUSINESS OR I | INDUSTRY | Washingt | or foreign cour | olry) | U. | S. |
| George | Brandt | | 1. | i. Mother's Maiden N unknow | | | 10.60 | |
| S. WAS DECEASED EV | ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv | | Mrs. | MANT Daugh Erling F | | | 4868 Cl hevy Cl | h.Ch.Blv hase, Mi |
| Conditions, if a gove rise to couse (o), stoting lying couse lost. | the under- | Cerebral Arteriose | eg; Ar Jen | a /et/ terioso 25/5,91 | lero | sis Vised | | TAND DEATH |
| CATIC | | TIONS <u>CONTRIBUTING</u> TO DEATH | | RELATED TO THE TERMI | | | IN PART 1(0) 19 | P. WAS AUTOPSY PERFORMED? YES NO |
| U (IF EITHER, NOTIFY | AS UNDERLYING 20 G CAUSE OF DEATH Y-MEDICAL EXAMINER) | 06. DESCRIBE HOW INJURY OCC | URRED. (E | nter noture of injury in 1 | Part I or Port II | of item 18.) | | |
| 20c. TIME OF INJU Hour o. m. p. m. | RY Month, Day, Year 19 | 20d. INJURY OCCURRED While Not while of work of wark | le. PLACE foctory. | OF INJURY (Home, farm, street, office bldg., etc. | 20f. (City o | r town) | (County) | (Stote) |
| 21. I certify to alive an | Stewar | deceased fram, , 1964, , and that d | eath ac | ., 1946, to 12 corred at 930 c | ADDRESS (Street | | d an the date | w the deceased e stated abave. DATE SIGNED |
| PHYSICIAN'S NAME (Type) | Stewar | + Claps | | Chevy | che | se,/ | Y)d. | |
| 220. BURIAL, CREMATIC REMOVAL (Specify BUT1al | 5-9-61 | Prospect | | emetery | Was | n (City, tawn, or a | D, | (Stote) |
| 23. FUNERAL DIRECTOR ROBEI | | HREY Bethes | da, | | D BY REGISTRA | | AR'S SIGNATURE | |

may be by the hospital or ottending physician.

O FUNERAL EXECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 1 TO FUNERA TO HOSPIT VS A15 (4) 15M 9/SS

ofter death. Page 4

A STATE OF S

586

| 9 | CERTIFICATE OF DEATH | Reg. Dist. No. U5856 |
|---|--|---|
| | 2 HELLAL PESIDENCE (Where deserted lived | If institution, Peridence before admission) |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 1 | - | | M | 1 |
|---|---|---|---|---|
| 1 | I | V | 1 |) |
| 1 | - | _ | 1 | |

1. PLACE OF DEATH

TO HOSPIT ATTENDING PHYSICIAN: The law requires that the again certificate as executed and the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registration to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

| o. COUNTY | Montgomery | MARYLAND | o. STATE | b. COUNTY | Hampshire |
|---|--|--|------------------------------------|---|--|
| b. CITY OR TOWN | (If outside corporate limits, wri | c. LENGTH OF STAY IN 16 15 Months | c. CITY OR TOWN (IF | outside corporate limits, write RU | RAL and give nearest town) |
| d. NAME OF HOSP | PITAL (If not in haspital, give str au Gardens N | eet oddress) ursing Home | d. STREET ADDRESS | 58 | X-3 e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Mary | Middle A. T. | Schoeneck | 4. DATE Mont | 1 1 Yes 1 |
| Female | 6. COLOR OR RACE 7. N | ARRIED NEVER MARRIED DOWED MORCED DIVORCED | Oct 31, 18 | | IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min. |
| during most of wo | orking life, even if retired) | Ob. KIND OF BUSINESS OR INDU | | or foreign country) City, N. Y. | 12. CITIZEN OF WHAT COUNTRY |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | |
| Richard | Speight | | Mary Marv | | |
| 5. WAS DECEASED EV (Yes, no, or unknown) | VER IN U. S. ARMED FORCES? [If yes, give wor or dates of service] | | INFORMANT rs Edith F. T | Addres 2238 Wash | Silver Spring,Mington Ave. |
| Conditions, if gove rise to cause (a), stating lying cause lost PART II. O | ony, which immediate g the under to (c) | Hyperpyrexia Arteriosclero Cerebral Deg NS CONTRIBUTING TO DEATH BU | enration T NOT RELATED TO THE TERM | lized with | 3 days |
| 20c. TIME OF INJU- Haur a.m., p. m. 21. I certify to alive an | that I attended the deco | work at work are seased fram. | (M.b. 10609 C | M, fram the causes and ADDRESS (Street, city or town, s | t May 12, 6 |
| | ION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY C | | 22d. LOCATION (City, town, or | |
| REMOVAL (Specify | ial 5/16/61 R'S SIGNATURE Pumphrey Inc. | Fountain Hil ADDRESS Silver Spring, | 1 Cemetery | Deep River Mid D BY REGISTRAR 24b. REGIS | dlesex Co. Conn. |

the border of the contract of the straight when the straight of the straight 100 -26-cd2frag file in the first the freeze 2235 Semilineton Avid the second that a second second .mag., of kee light, dance gome visited like larges = 500000 light family

MARYLAND STATE DEPARTMENT OF HEALTH

| DIVISION OF STATISTIC 5870 | AL RESEA | | , 301 W. PRESTO E OF DEATH | | , BALTIMO | RE 1, MARY | 15857 |
|---|--------------------------|---------------------------------------|-------------------------------|-----------------------|---|----------------|---|
| 1. PLACE OF DEATH 8. COUNTY Montgomery | | MARYLAND | 2. USUAL RESIDER | | Mon 1 | tgomery | |
| b. CITY OR TOWN (if outside corporate write RURAL and give neerest town) Bethesda (Rural) | limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | | porata limits, write | RURAL and give | e naarast town) |
| d. NAME OF HOSPITAL OR INSTITUTION U. S. Naval Hospital | ON (if not in hos | | d. STREET ADDRESS | S | Road | | IS RESIDENCE ON A FARM YES NO 3 |
| 3. NAME OF DECEASED | First | Middle Frank | SHABEK | 4. DATE OF DEAT | Month | De 17 | 1- |
| 5. SEX 6. COLOR OR R. | ACE 7. MARRIE | D NEVER MARRIED | B. DATE OF BIRTH 10-29-88 | | 9. AGE (In yeers lest birthdey) 72 yrs. | Months Deys | |
| 10a. USUAL OCCUPATION (Give kind of done during most of working life, even if r | work 10b. K | S. Navy | RY 11. BIRTHPLACE (Co | unty & State, o | | 12. CITIZEN | OF WHAT COUNTRY |
| Mariner 13. FATHER'S NAME James SHABEK | 0. | D. Mary | Mary SMT | N NAME | | | |
| Conditions, if eny, which geve rise to immediate ceuse (e), stating the underlying ceuse lest. | E (o) (b) (a) (c) | ACCUSTONIA NTRIBUTING TO DEATH BUT N | 3 pane | ALUX | | | PERFORMEDI |
| 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEAUTE CONTRIBUTION OF D | NER) | t. | D. (Enter nature of injury i | erm, ' 20f. (C | II of item 1B.) | (County) | YES X NO (Stete) |
| 21. I certify that (this ho saw the deceased alive on | ospital) atter May 17 | nded the deceased from | at death occured at. | 1:05PM | om the causes | | , that (N) (we) la date stated abov 22b, DATE |
| 22c. PHYSICIAN'S NAME (Type) C. W. P 23a. BURIAL, CREMATION, 23b. DATE | | C, LT, MC, USN | | | staff PHYs. X | | 5-18-61 |
| REMOVAL (Specify) Burial-Shipment | 719/61 | Magnolia Ce | | a lancon | miak Spr | | Florida |

DATE MAY 2 3 '61

Cirlbur S. Kraus

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Burial-Shipment 5/19/6/ Magnolia Cemetery
FUNERAL SHIPMENT SHIPMEN

death. A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. 15M 9/60

VR A15 (4)

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19118

Hontgomory Harel) Lindups Sirver Spring

O. S. Mayel Hospital

Louis Frank CHARK

Morings U. B. Navy Mryland Dan

LEAS SHEET

Yes Yes I Strangarra (W) Mrs. Mary L. Boubek, Same es (2 Shove

DALL TEL 120 Mill Rod

LG & CU

can a care

CERTIFICATION & PROBLEMENT OF

x 19 Li At 10. TI:02EN XeA IL 81 EN XeA

10-81-8 II = 18-18-10 II = 18-

S. M. BRANLINT, LI, MO, UEM. U. S. Marel Mossical, Bethester, Mi.

Surjeit-Salingur Surjeit Surjeit Commonly Deruniak Springs Finds Fine, Stiver Spring, III.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 5874 CERTIFICATE OF | F DEATH | 05858 |
|------|--|--|----------------------------------|
| 1 | | SUAL RESIDENCE (Where decessed lived, If Institution: Rasio | danca before admission) |
| - | | CITY OR JOWN (If posside corporate limits, write RURAL and gi | va nearasi town) |
| - | 100 | STREET ADDRESS | a. IS RESIDENCE ON A FARM? |
| 1 | 3. NAME OF First Middle | Last 4. DATE Month D | YES NO YES |
| | (Type or print) F durant 21 The | OF DEATH 77774 | 9 1961 |
| - | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE | OF BIRTH 9. AGE (In years HONDER 1 YE. lest, birthday) Months Day | |
| - | mile Le White WIDOWED DIVORCED 91 | 14101 59 yrs. | |
| | 10a. USUAL OCCUPATION (Giva kind of work done during most of working lile, even if ratirad) | BIRTHPLACE (County & State, or loreign country) 12. CITIZEN | OF WHAT COUNTRY? |
| 1 | 13. FATHER'S NAME | OTHER'S MAIDEN NAME | |
| - | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INEGRA | MANT Street Delmey | ACRILLA |
| | (Yas, no, or unkown) (Myes givawar or datasol sarvica) | other of sthe when | 1 There |
| - | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | July 15. Selation | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CELEBRAL Thr | om bosis, lett | 12hrs. |
| | DUE TO Conchus / sht | eniosclerosis | Almox |
| | Conditions, if any, which gave rise to immediate cause DUE TO | er 10 301010013 | 34131= |
| | cause last. (c) £557ential / | 1Pen Tension, Severe | 25715. |
| 3 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT | TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8 | PERFORMED? |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CENEDINAL 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CHAPTER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATE 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATE 208. ACCIDENT WAS UNDERLYING 209. DESCRIBE HOW INJURY OCCURED. (Enter to Conditions) | natura of injury in Part I or Part II of item 18.) | YES NO |
| 100 | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| | | NJURY (Homa, farm, 20f. (City or town) (County) | (Stata) |
| | 21. I certify that (I) (this hospital) attended the deceased from | | , that (I) (we) last |
| | saw the deceased alive on May 19 1961, and that death | occured at M, from the causes and on the | date stated above, |
| | Serval lity M.D. Pt | TTENDING MED. STAFF HYS. DIRECTOR PHYS. | 5.19.6 SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) Stewart Clapp 22 | 4740 Chevy Chase Dr. C | heuy chas |
| 11.7 | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREATERY OF | | (Stata) |
| - | Bur-Transit 5/23/61 Ft. Hill Cemet | Lery Auburn, New York | |
| 1 | Robert A. Pumphrey Bethesda, Marylar | 2 1000 0 0 101 | |

meanstall Canaloned throughouse last and and The Comment of the American Comments of the Co Establish to they tensilon Source to Mis Published S/25/01 St. Hill Cometery Amburs New York Robert A. Fumphrey Beckesda, Norviand "Will's Compter Company Reckesda, Norviand "Will's Company Reckesda, Norviand Reckesda,

AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH is nec.
director. Parvour files. . COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give to for your rest town) Boar OR INSTITUTION (it not in hospitel, give street eddress) d. NAME OF HOSPITAL and 3 to the funeral be retained State death NAME OF DATE DECEASED OF the (Type or print) DEATH man with 5. SEX AGE (In years | F UNDER 1 YEAR may 2 with NEVER MARRIED lest birthday) | Months WIDOWED K 30 S 10a. USUAL OCCUPATION (Give kind of work in pencil in Item 18. Give Pages 1, 2, 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if rettred) pages 1 arme 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give wer or detes of service) Office along with for burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geva rise to immediata cause "pending" (0) DUE TO (a), steting the underlying This certificate Examiner cause last. nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)| 19, WAS AUTOPSY 9 cremai cute the certificate, writing the word Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 2 gu. INJURY OCCURRED | 200. PLACE OF INJURY Home, form, forwarded to the Chief L DIRECTOR: Page 3 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) While Not While at work at work prior should be forwarded to the FUNERAL DIRECTOR: Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Suicide X Undetermined manner death resulted from: Natural causes Accident Homicide | CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S ease ex NAME (Type) SCHZKY Address (Streat, city, town, or county) DEP 22a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 East Waterford, Penn. 940 East Waterford Removal 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Laytonsville. Md. DATE MAY 25 '61 5M 7/59 Chilling & House

e. IS RESIDENCE

YES NO

1961

Yeer

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

alder

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

(Steta)

Deys

(County)

ON A FARM?

MATERIAL PLANSIES CHIMPENT DE PLANSIES

Profest Just 18-21-51

THE RESERVE AND ADDRESS OF THE PARTY OF THE

.th. .o. Littory The Land of the Land

X

THE RESERVE OF THE PROPERTY OF THE PARTY OF

. Cant Waterland, Ped .

in the property of the party of the second of the second

1. PLACE OF DEATH a. COUNTY

NAME OF

Female

5. SEX

(Type or print)

13. FATHER'S NAME

5873

Montgomery

d. NAME OF HOSPITAL (If not in haspital, give street oddress)

White

Mollie

Abraham Sindler

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give neorest town)

Rethesda

The Clinical

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

None

Middle

DIVORCED T

5 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country)

Washington D.C.

Center. Bethesda 14. Md.

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Days

IS RESIDENCE

ON A FARM?

YES NO TO

19

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

May

9. AGE (In years last birthdoy)

Month

25.

Months

o. STATE
District Of Columbia

4. DATE OF DEATH

6439 2nd Place, N.W.

Washington

August 18, 1959

14. MOTHER'S MAIDEN NAME

Marilyn Friedman

d. STREET ADDRESS

Sindler

8. DATE OF BIRTH

| with | 10.88 | 1 |
|-------|-------|---|
| Filed | 141 | 1 |
| pe | | |
| pluc | 05 | i |

. = d completely filled in papers. Pages 1 a nours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed VR 15N

| No None | None The Clinical Center, Bethesda 14, Maryland | 1 | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recordsdoress | |
|--|--|---|--------|--|----------|
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT (O) PART III. OTHER SIGNIFICANT (O) PART III. OTHER SIGNIFICANT | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF COUNTRIBUTING OF COUNTRIBUTION | | | No None The Clinical Center, Bethesda 14, Maryla | nd |
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| Hour o. m. 19 | Hour o. m. 19 | | | OR CONTRIBUTING CAUSE OF DEATH | |
| saw the deceased alive on May 25 101, and that death accurred a 2:15M, from the causes and an the date stated about 220. SIGNATURE 220. SIGNATURE ATTENDING MED. PHYS. DIRECTOR | saw the deceased alive on May 25 101, and that death accurred a 2:15 M. Fram the causes and an the date stated about 220. SIGNATURE 220. SIGNATURE ATTENDING MED. PHYS. SIGNATURE 221. ADDRESS The Clinical Center NAME (Type) Alexander Deutsch M.D. 222. PHYSICIAN'S NAME (Type) Alexander Deutsch M.D. 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) May 25, 1961 Beth David Cemetery 231. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 233. LOCATION (City, town, or county) (Stote) 234. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE | | MEDI | Hour o. m. While Not while foctory, street, office bldg., etc.) p. m. 19 ot work at work | (Sto |
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 587 | 74 | tome | CERTIFICA | TE OF DEATH | 1/2 | | 650cs |
|---|---|---|--|---|--|-----------------|--|
| o. COUNTY Montgome | ry | | MARYLAND | 2. USUAL RESIDENCE (Who a. STATE Virginia | ere deceased lived. If instit b. COUN | | The state of the s |
| | f autside carporate limi arest tawn) | its, write | c. LENGTH OF STAY IN 16 21 Days | 71 | utside corporate limits, write | RURAL ond give | e nearest town) |
| OR INSTITUTION | AL (If not in hospital, g | 111111111111111111111111111111111111111 | ddress) | P.O. Box | 171 | 53X- | e. IS RESIDENCE ON A FARM? YES NO |
| NAME OF DECEASED (Type or print) | Fir Ni n | st | Middle Marie | Last Smallwood | 4. DATE M | lanth | Day Year 19 61 |
| sex | 6. COLOR OR RACE | 7. MARRI WIDOWEI | ED NEVER MARRIED TO DIVORCED DIVORCED | B. DATE OF BIRTH November 25, | 9. AGE (In year last birthday 4 y | | YEAR IF UNDER 24 HRS. Bays Haurs Min. |
| during most of work | ON (Give kind of work ing life, even if retired | dane 10b. I | None | STRY 11. BIRTHPLACE (State Virgini | | 12. CITIZEI | USA |
| 3. FATHER'S NAME Robert Sma | llwood | | | Ruby M. Po | | | |
| S. WAS DECEASED EVER | R IN U. S. ARMED FOR (If yes, give wor or dates of s | | | NFORMANT The Med B Clinical Cer | | | ryland |
| | mmediate (|) A | e for (o), (b), and (c).] Fram negative Loute lymphati | | | | interval Between onset and Death 2 days |
| | | | ONTRIBUTING TO DEATH BUT | | | GIVEN IN PART 1 | (a) 19. WAS AUTOPSY PERFORMED? YES X NO |
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| 21. I certify tha | ed alive an Me | y 8, | 00 (| M.D. ATTENDING MEPHYS. DI | EDITION THE COURSES OF PHYS. TO Clinical Central Health, B | 5/Ater, Nat | 8/61 22b. DATE SIGNED LIONAL |
| 3a. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL | N, 23b. DATE THEREC | | 23c. NAME OF CEMETERY C | P CREMATORY | 23d. LOCATION (City, low ROUND /#111/, | n, ar caunty) | (State) |
| Joseph F. | | 34 M S | ADDRESS Street, N. W. Was | | 11/4 0 0 | GISTRAR'S SIGN | |

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TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. It may be retained by the hospital or attending physician.

\$\frac{2}{2}\$ IO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral infector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Should be detached for use as the burial-transit permit. Then please remove carbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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|---------------|--|--------------------------------|---|---------------------------------|----------------------|-------------------------------|
| | PLACE OF DEATH | | 2. USUAL RESIDE | NCE (Whaje dacaased live | | idance bafore admission) |
| | a. COUNTY M | ********** | a. STATE | noulned b. | COUNTY M | with many |
| - | b. CITY OR TOWN (if outs a corporate limits | MARYLAND LENGTH OF STAY IN 16 | CITY OF TOWN | (If Jutsida corporate limits | Write PUPAL and o | NIGONEN |
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| | DethesdA | | 20 6 | ethesan | · | |
| 1 | H. NAME OF HOSPITAL OR INSTITUTION (if not in hospite | al, give straat addrass) | d. STREET ADDRES | S | | a. IS RESIDENCE ON A FARM? |
| | The house have the | enital | 4715 | South Chale | ed LAND | YES NO |
| 3. | NAME OF First | spital Middle | Last | 4. DATE | Month I | Day Year |
| | DECEASED (Type or print) | , | 0 .11 | OF | 2 6 | 2 -11 |
| | ITARVEL | 1 4 | Omith | DEATH) | lay 2 | 0 196/ |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8 | . DATE OF BIRTH | 9. AGE (In last hirth | 1 1 | |
| | MA/2 (1) to WIDOWED! | DIVORCED | 2/28/ | | yrs. Months Da | ys Hours Min. |
| 10 | B. USUAL OCCUPATION (Give kind of work 10b. KIND | OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Co | unty & Stata, or foraign col | untry) 12. CITIZE | N OF WHAT COUNTRY? |
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| 15 | Retired: W. | 0, 6007, | E.60 | | 166 | 0.1 |
| 13. | FATHER'S NAME | 10 | 14. MOTHER'S MAIDE | IN NAME OF | 1 | |
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| | The state of the s | 1-15 01 -113 | 1 ances | 1,0,00 | 1762.1 /3 | INTERVAL BETWEEN |
| // | 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: | for (a), (b), and (c).) | A | | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) | en empery | cetelle | elecks | | Jee 161 6 |
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| | causa last. (c) | 47: hee Cla | 1 wete | 1160210 | / | LAMA ON |
| Z | PART II. OTHER SIGNIFICANT CONDITIONS CONTR | BUTING TO DEATH BUT NO | T RELATED TO THE TER | MINAL DISEASE CONDITIO | N GIVEN IN PART 1 | PERFORMED? |
| CERTIFICATION | 1 de kness of Co | cere Fiel | (12 J | 2000/05 | 01/1 | YES NO TO |
| F | 20a. ACCIDENT WAS UNDERLYING 20b. DESCR | IBE HOW INJURY OCCURED | (Enter nature of injury | in Part I or Part II of Itam 18 | 1 | 1 4 |
| ERT | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | . (2 | | | |
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| MEDICAL | | | CE OF INJURY (Homa, for ory, street, office bldg., e | | (County | (Stata) |
| MED | Hour a.m. Whila at work [| at work | | 1 000 | , | , |
| | | d the deceased from | | 1960 10 MIA | 1 10 10 | that (I) (we) last |
| | 21. I certify that (I) (this hospital) attende | | | 145 | 100 | |
| | | 19.10.1., and that | death occured at | M, from the car | uses and on the | |
| | 22a SIGNATURE | 1.0 | ATTENDING | MED. STAFF | 0 | 22b. DATE SIGNED. |
| | CYBYOS TO MHO | M - While | .D. PHYS. | DIRECTOR PHYS. | | |
| | 22c. PHYSICIAN'S | 1173 | 22d. ADDRESS | 00 - 00 | 000 | 11 11 11 |
| | NAME (Type) | DN HIS | MID HOW | O MASIDIL XI | (1. > N CAR | Kount Kano MX |
| - | BURIAL, CREMATION, 123b. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREWATORY | 23d, LOCATION (CI | J. C. 1 -> 1 | (State) |
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| | Burial 5/24/61 | Arlington N | vat. Cem. | Arlingt | OII, VITE | ginia |
| 24 | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 25a. I | REC'D BY REGISTRAR 251 | . REGISTRAR'S SIG | SNATURE |
| R | Robert A. Pumphrey Bet | hesda, Mary | land DATE | MAY 23 '61 | arthur & | Kenned |
| 1- | | , , | 1 | | | , , 40000 |

Land was III . Design Such as the second Internal Washington Burgar State State Nation ton Nat. Com. atlanton, Straining Robert A. Dumphrey Bethesda, Maryland 25 Electric College

| MARILAI | AD STATE DEF | ARIMENT OF | 110/4 W 111 | |
|----------------------------------|--------------|----------------|----------------------|---------|
| DIVISION OF STATISTICAL RESEARCH | AND RECORDS, | 301 W. PRESTON | STREET, BALTIMORE 1, | MARYLAN |
| | | AR BRATIL | | . 1 |

CERTIFICATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission e. COUNTY e. STATE b. COUNTY mont omer MARYLAND M b. CITY OR TOWN (Theutside corporate limits. c. CITY OR TOWN (If oulside corporele limits, write RURAL end give mearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Washington days d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Hospital Scarsdale 3. NAME OF 4. DATE Year Middle DECEASED OF (Type or print) DEATH 10 Mav 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthday) Months I WIDOWED T DIVORCED IDa. FORMAT OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A 13. FATHENUTSES Aide 192] Austria NAME Julia Ann Krompost Jh id ign Ludwig 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SECURITY NO. 17. INFORMANT Washington, dd D. C (Yes, no, or unkown) | (Ifyas give war or dates of service) Robert Smith 3900 Tenlow Rd. Unknown No. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN 4 Duys PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise lo immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION AS AUTOPSY PERFORMED? NO L 2DB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, streat, office bldg., etc.) While Not While at work 21. [certify that (I) (this hospital) attended the deceased from 2 - 1 1961, to 5 - 10, 1961, that (I) (we) last

physician Then please aftending the has been 3: After this certificate detached for use as th prior may be retained DIRECTOR: / pe 3 should State saw the deceased alive on. 22a SIGNATURE ATTENDING TO FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Francis 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Grandview Cemetery Bur Transit 24 FUNERAL DIRECTOR'S SIGNATURE

19.61, and that death occured at.......M, from the causes and on the date stated above. SIGNED

DIRECTOR

Cambria County, Penna.

Bethesda, Maryland Robert A. Pumphrey

250. RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE

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Item 18 Film 287 5-2 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 1. PLACE OF DEATH & 2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Rasidence before admission) a. COUNTY Page a. STATE b. COUNTY MARYT AND MONTGOMERY MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, y is neces: c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give naarast town) TAKOMA PARK davs SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE o Boar ON A FARM? retained he State B WASHINGTON SANITARIUM AND HOSPITAL 10107 Greenock Road YES NO IX NAME OF Middla 4. DATE Last Month Day Yaar 3 to the DECEASED (Typa or print) Phyllis Wauna DEATH May 61 Snow 19 99 with 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wiff s 1, 2, and 3 age 5 may 1 and 2 will 72 hours last birthday) Months Dave Hours AAIn White 16/13 Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 and dona during most of working life, even if ratirad) U.S.A. Housewife Oregon pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Shepherd Jean Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yas, no, or unkown) | (Ifyasgiva war ordates of servica) along with transit permit 537-24-7372 Hospital record certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral necrosis WK r's Office a s a burial-fr DUE TO Cerebral anoxia Conditions, if any, which (b) execute the certificate, writing the word "bending" do be forwarded to the Chief Medical Examiner's (NERAL DIRECTOR: Page 3 should be used as a bdesignated agent, prior to burial, cremation, or rem gava risa to immadiata causa DUE TO (a), stating the underlying Undetermined causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY PERFORMED? X NO 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, '20f. (City or town) (County) (Stata) Not Whila factory, street, office bldg., atc.) Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S May 5, 1961 Frank J. Broschart. M.D. NAME (Typa) Addrass (Street, city, town, or county) 220 SOURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) Ö 940 Fort Lincoln 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUMERAL DIRECTOR ADDRESS Georgia Ave, S.S. 8434 A15ME Pumphrey_ Inc DATE MAY 1 2 '61 Crilling S. Thous 5M 7/59 Md.

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ARYLAND STATE DEPARTMENT OF HEA

| MAKILAND STATE DEPARTMENT OF HEALTH | |
|---|-----------------|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM | ORE 1, MARYLAND |
| 5878 CERTIFICATE OF DEATH | 05865 |

| ă l | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) |
|-----|--|--|
| FB. | maryland Maryland | o. STATE M. b. COUNTY Mont 14 |
| 1 | b. CITY OR TOWN (if outside corporate limits, write RURAL and give dearystrown) | c. CITY OR TOWN (If outside corporate limits, write RURAL and pive, nearest town) |
| | Write KUKAL and gwe rearestrown) | · Tiller John Ad |
| 1 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS o. IS RESIDENCE |
| | 1 - 6 6- | Halles France Today YES NO DE |
| | 3. NAME OF First Middle | Last 4 4. DATE Month Day Year |
| | DECEASED | OF |
| | (Type or print) T//arion 3. Tf | eward DEATH // Tay 2/ 1961 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. | DATE OF BIRTH 9. AGE (In years DUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. |
| | female Colored WIDOWED DIVORCED | 3/27/97 64/48. |
| | toa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Domestic | Mary Tand U. J. H. |
| 7 | 13. FATHER'S NAME | 14. MOTHER'S MAJEEN NAME |
| | Um, Treward | 15abella 15aker |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III | NFORMANT Address Jilver JO. M.L. |
| | (cos) noy of distance of the cost of the c | ette A. 51/2 realeter / PIIA2 |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] | INTERVAL BETWEEN ONSET, AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | envoltage laas |
| | 331V DUE TO 16 | |
| | Comment of the Autoria | In huser |
| | gava rise to Immadiata cause | |
| | (a), stating the underlying DUE TO | |
| | cause last. (c) | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| | E PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT | PERFORMED? |
| - | | YES NO L |
| | □ OR CONTRIBUTING □ CAUSE OF DEATH | (Enter natura of injury in Part I or Part II of itam 18.) |
| | | |
| | 6-4- | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, straat, office bldg., atc.) |
| | Hour a.m. p.m. 19 Whita Not Whita racto at work at work | |
| | 21. I certify that (I) (this hospital) attended the deceased from | 5/20, 1961, to 1/21, 1961, that (I) (we) last |
| | saw the deceased alive on | death occured atM, from the causes and on the date stated above. |
| | 22a. SIGNATURE | ATTENDING MED. STAFF 226. DATE |
| | M. Milling M. | DIECTOR DELYC |
| | 22c. PHYSICIAN'S | 22d. ADDRESS |
| | NAME (TYPE) AB RAHAM W VANISH | - 1917 Moung A. Mon & pringer |
| 1 | 236. BURIAL, CREMATION, 236. DATE HEREOF HOPKINS Chur | OR CREMATORY 23d. LOCATION (City, towner county) (Stata) |
| 1 | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
|) | Kohert d. Mounden Kockoul | le, my DATE MAY 29'61 ariling & through |

Lories Charles Church., Signifering Ma. Kund & State of Tong & 19th Land of the State of the Stat ter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

| U | 5 | (: | 4. | |
|---|---|----|----|----|
| U | U | 0 | U | 1) |

Truce Des 25b. REGISTRAR'S SIGNATURE

arthur S. Krous

250. REC'D BY REGISTRAR

'61

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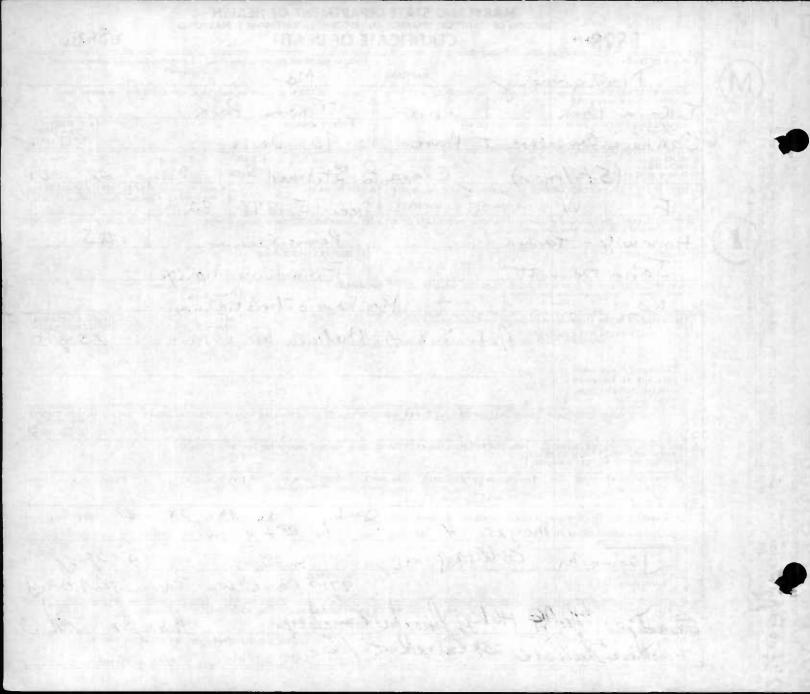
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| 3 | Ö | 6 | 3 |

| 1. PLACE OF DEATH O. COUNTY OT GAMERY | MARYLAND | 2. USUAL RESIDENCE (Where deceased o. STATE | lived. If institution: Resider b. COUNTY | nce before admission) n table by |
|---|----------------------------|---|--|---|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside corpor | ote limits, write RURAL and | give nearest tawn) |
| d. NAME OF HOSPITAL (Ilf nat in haspital, give street OR INSTITUTION OAK haven on valescen | address) Thorne | d. STREET ADDRESS 901 Davis | erk | e. IS RESIDENCE ON A FARM? YES NO [2] |
| 3. NAME OF DECEASED (Type or print) (Stilman) | Clara | B. Stilmar DEATH | Mary | 28 1961 |
| S. SEX 6. COLOR OR RACE 7. MARR | | Dec 15, 1878 | 9. AGE (in years last birthday) Yrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDUS | Penns were | untry) 12. CIT | ZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME Of Bennett | | 14. MOTHER'S MAIDENNAME | houx | |
| 1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service) | SOCIAL SECURITY NO. 17. IN | Formant (da | Address | |
| 1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO | terioscholofie | Cordievascular 2 | Disease | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse last. (b) DUE TO | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS OF | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE | CONDITION GIVEN IN PAR | RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO & |
| | CRIBE HOW INJURY OCCURRED | D. (Enter noture of injury in Part I or Port | II of item 1B.) | |
| 20c. TIME OF INJURY Month, Doy, Year 20d. II Haur a. m. While of wor | _ Not while _ fac | ACE OF INJURY (Home, farm, 20f. (City tary, street, office bldg., etc.) | or town) (| Caunty) (State |
| 21. I certify that (I) (this haspital) attends saw the deceased alive an Moy 23 | -// | 12,304 | the causes and an th | |
| 220 SIGNATURE and and | without mo | M.D. PHYS. MED. DIRECTOR | STAFF PHYS. | 22b. DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) | A | 22d. ADDRESS 7717 Canalla | he Tikans | fact inne |
| 23d. BURIAL, REMATION, 22b. DATE THEREOF | 23c NAME OF CEMETERY O | R CREMATORY 23d. LOCAT | ION (City, tayen, or county) | (State) |

may be re to be the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funpage 3 should be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 should the State Board of Health priar to burial, cremation, or removal, and in any event, withing 2 hour after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho by the haspital ar attending physician.

TO HOSPITA VR A1S (4) 1SM 9/59



TO HOSPIT

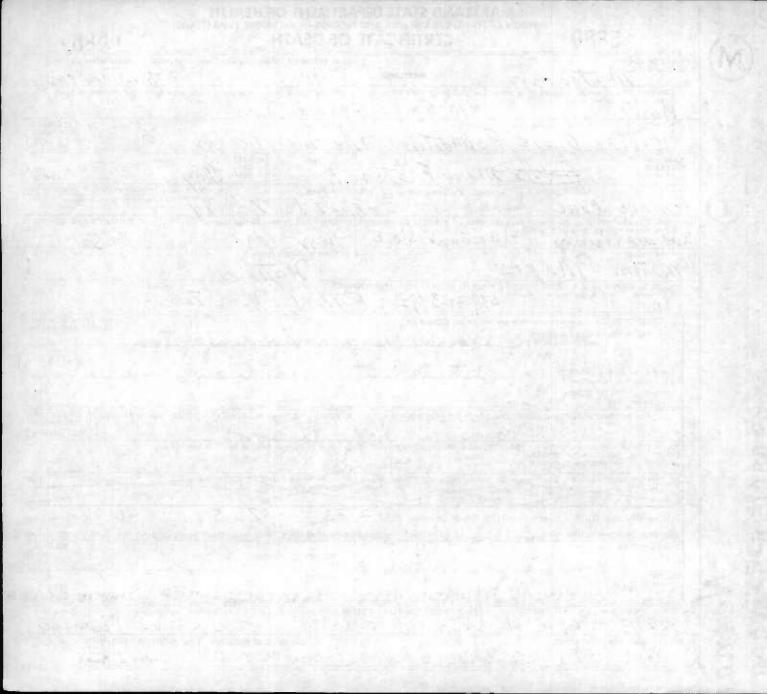
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5880

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05867

| | 1. PLACE OF a. COUNT | Y Qu | ALABYI AND | 2. USUAL RESIDENCE (Where deceased live or STATE) | ved. If institution: Residence befare admission) b. COUNTY |
|---|--------------------------------------|---|-----------------------------|---|--|
| | | Monlgomery | MARYLAND | Trid. | Monigonery |
| | | R TOWN (If autside carporate limity, write and give nearest tawn) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside carporate | e limits, write RURAL and give nearest tawn |
| | 124 | 29/ | 44n 3 mo | Germantown | X |
| | d. NAME | OF HOSPITAL (If not in haspital, give street | address) | d. STREET ADDRESS | e. IS RESIDENCE |
| 5 | | rooke Grove f | oundation | The Maryland | ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or p | | Mary F. Sto | Lost 4. DATE OF DEATH | May Day Year |
| | S. SEX | 6. COLOR OR RACE 7. MAR | RED NEVER MARRIED | B. DATE OF BIRTH 9. | AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | fem. | ale Cauc WIDOW | | 16627/8// | last birthday) Manths Days Haurs Min. |
| | 10o. USUAL | OCCUPATION (Give kind of work done 10b. | . KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State ar fareign coun | fry) 12. CITIZEN OF WHAT COUNTRY? |
| | | ird x hochron il | yesitmen state | - Yew York | 91.0 |
| | 13. FATHER'S | | | 14. MOTHER'S MAIDEN NAME | |
| | ma | Tin Mapes | | 2/2/1/2 | |
| | 15 WAS DEC | EASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17 H | NFORMANT | Address |
| | (Yes, no, or unk | iown) (If yes, give war or dates of service) | 7/1 24/3700 | 676.171 | CZana L |
| | 100 | | 1771-114 | Ellia H. | STESSIC N |
| | | SE OF DEATH [Enter anly one cause per li | ine far (a), (b), and (c).] | ^ . | INTERVAL BETWEEN ONSET AND DEATH |
| | F | ART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | or aboladary | are laster sain | las etimo |
| | 4 | DUE TO | | | Man |
| | Condi | igns if any which \ | A their along | 4. | Jan Dissis (many) |
| | | rise to immediate | principal principal | refre conditions | endor arment / rivo |
| | | a), stating the <u>under-</u> DUE TO | | | , 0 |
| | _ | ause last.) (c) | | | |
| | CATION | ART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE C | ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| | <u>V</u> | New York | ne of s | ensilemel | YES NO |
| | OR CON | TRIBUTING CAUSE OF DEATH | SCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Part I ar Part 11 | of item 18.) |
| | UF-EITHE | TRIBUTING A CAUSE OF DEATH | 3/1 | DIN8 | |
| | ₹ 20c. TIME | | INJURY OCCURRED 200 PL | ACE OF INJURY (Hame, farm, 20f. (City or | town) (Caunty) (State) |
| | 20c. TIME | 10 | Net while to | ctary, street, office bldg., etc.) | |
| - | | p. m. | AK di waik | 5/3 77 | |
| Н | 21. I ce | rtify that (I) (this hospital) attend | ded the deceosed from | 1/23 103/, to D | 19_41, that (I) (we) lost |
| - | saw th | e deceased alive on5/1 | 19 a , and that a | leath accurred at M. fram th | e causes and on the dote stated obave. |
| H | 22a. SIG | NATURE (| 11 11 4 | | 22b. DATE STAFF SIGNED |
| | | Ables 1 911 a | Venny and Va | M.D. PHYS. MED. DIRECTOR | STAFF PHYS. |
| | 22c. PHY | | 100 | 22d. ADDRESS | |
| | NA | ME (TYPE) JOHN P. N | MARTIN M | MEDICAL (E | NITER, SHOWN SPAIN |
| | 23a. BURIAL, | CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY C | R CREMATORY 23d. LOCATIO | N (City, tawn, ar causty) (State) |
| | Bur | (Specify) May 4.1961 | Mational Mem | ount tack Jacks | Church. Virginia |
| | 24, FUNERAL | DIRECTOR'S SIGNATURE | ADDRESS | 25a. REC'D BY REGISTRA | R 25b. REGISTRAR'S SIGNATURE |
| | (X(Int | MUN Walter 251/C | annall Al Men | DATE MAY 3 '61 | arthur S. Kraga |
|) | 4.0-09 | 424 | a out of | Toxic | Towney 2. I Walle |

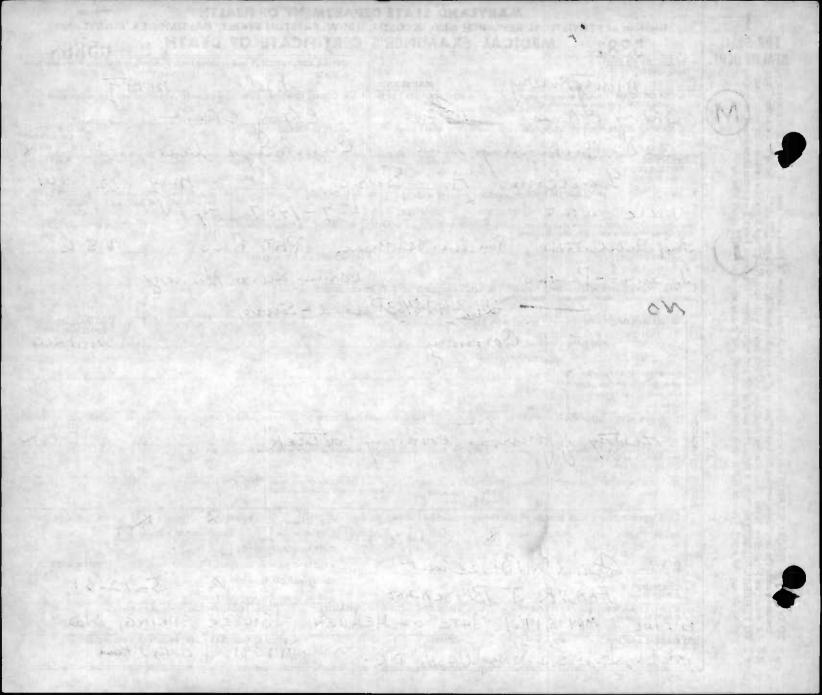


TO DECATEMICAL EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-7Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File bages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any event withmore hours after VS. A15ME 5M 7/S9

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| is necessary lirector. Pag | your file | M |
| funeral | State Ros | ÷ X |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 5881 | MEDICAL EXAM | AINER'S CERT | IFICATE OF | DEATH | 115868 |
|----|---|------------------------------------|---------------------------------------|-------------------------------|--|-------------------------------|
| 1 | I. PLACE OF DEATH | | | | aceasad livad, If institution: R | asidence before admission) |
| | minten | | ARYLAND a. STA | TE mel | b. COUNTY MM | 12 |
| | b. CITY OR TOWN (if outside corpor write, RURAL and give rearest to | rate limits, c. LENGTH | OF STAY IN 16 c. CIT | OR TOWN (If outside com | porate limits, write RURAL end | ive nearest town) |
| | Chevy Cha | | n | Cherry C | have | 52 |
| | d. NAME OF HOSPITAL OR INSTITU | ITION (if not in hospital, give re | at address) d. STR | EET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| | 3282 Cur | ummes Lan | e Cie | mmune | Lane | YES NO |
| 1 | 3. NAME OF DECEASED | First Mi | ddle | 4. DATE | Month | Day Year |
| | (Type or print) Juelle | ermo A. | Suro | DEATE | May | 12 1961 |
| | 5. SEX 6. COLOR OF | R RACE 7. MARRIED NEVER | ARRIED B. DATE OF | | lest birthday Months | YEAR IF UNDER 24 HRS. |
| | male whi | | ORCED 7 | -1907 | 54 yrs. V | |
| | IDa. USUAL OCCUPATION (Give kind done during most of working life, even | | ESS OR INDUSTRY 11. BIRTI | IPLACE (State or foreign co | | ZEN OF WHAT COUNTRY? |
| | Chief Rubbleation | s. You Cen. | - Albertage | Ports K | es | N.S.G |
| 1 | A O D | | | ER'S MAIDEN NAME | . 1 | |
| - | J. Surs + Cara | ED FORCES? 16. SOCIAL SECU | RITY NO. 17. INFORMAT | new Sicro | Nunez | |
| | (Yes, no, or unkown) (If yas give war or d | | A | A C | Address | |
| - | 1B. CAUSE OF DEATH (Enlar o | ply one cause par line for (n) (h) | 1-8463 Riedac | - Suro | | I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED | D BY: | and (c/.) | | | ONSET AND DEATH |
| | IMMEDIATE CA | | | | | sudden |
| | | DUE TO | | | | The second |
| | Conditions, if any, which gave rise to immediate cause | (b) | | | | |
| | (a), stating the underlying cause last. | DUE TO | | | | Landau Alberta |
| | | (c) CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED 1 | O THE TERMINAL DISEASE | CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY |
| 1 | 4.7 | day o. | | 1/10 | | PERFORMED? |
| 1 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TLATA 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Philer relative of injury in Part II or Part II of item 1B.) PRIMARY 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Philer relative of injury in Part II or Part II of item 1B.) 2Dc. CAUSE OF DEATH. | | | | | |
| | PRIMARY OF CONTRIBUTING | V | 1 | | | |
| 1 | | Day, Year 2Dd. INJURY OCCU | | Y (Home, farm, 20f. (Cil | y or lown) (Cour | aty) (Slata) |
| 1 | Hour e.m. | While Not While at work at work | | iica bidg., eic./ | | |
| | 21. I certify that I took charge of the remains described ebove, held an Autopsy, Inspection X, Inquiry X, and in my opinion | | | | | |
| 1 | death resulted from: Natural ceuses , Accident , Suicide , Homicide , Undetermined manner | | | | | |
| | | . 0 | СН | IEF MEDICAL EXAMINER | | |
| | ACTUAL SIGNATURE | J. Broscha | M.D. AS | SISTANT MEDICAL EXAMIN | HER | DATE SIGNED |
| T | EXAMINER'S | IN TO DI | 1 - 1 | PUTY MEDICAL EXAMINER | B 5-1 | 2-61 |
| | NAME (Type) - AN | | A A A A A A A A A A A A A A A A A A A | dress (Streat, city, town, or | | |
| 12 | REMOVAL (Specify) AAnst LE | 5,1961 GATE | OF HEAVE | . 6 | TION (City, town, or country) ER SPRING! | 4.4 |
| - | SURIAL ITATIO | ADDRESS | | | RAR I 24b. REGISTRAR'S SI | |
| 1 | Vach / The a. | 's Same I chara | IDC | MAY 1 5 '61 | Carthur S. Fa | |
| 1 | Jumpu secreta | masons while | (1 D.C. | I DATE | | |
| !/ | V | | | | | |

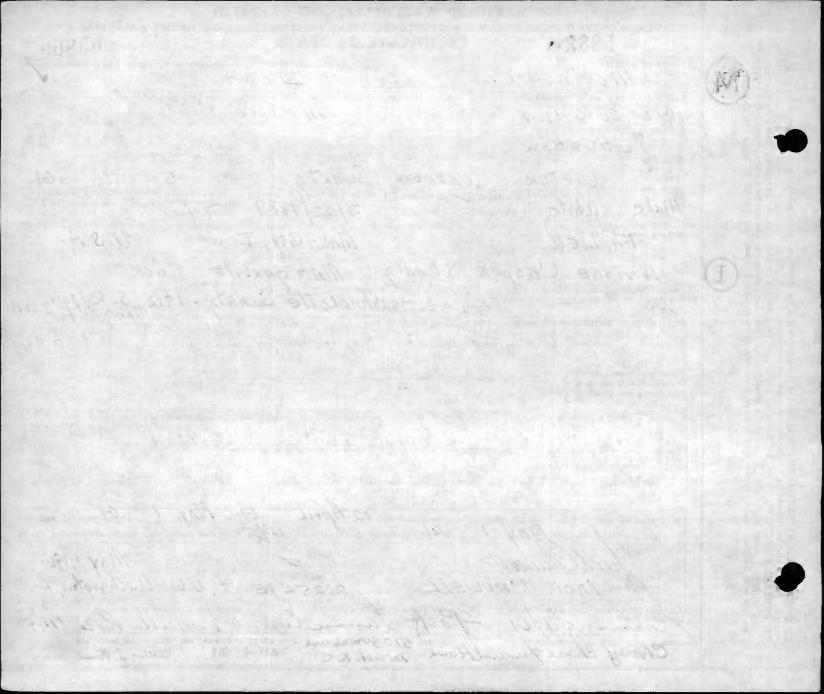


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

5882 AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05869

| a. COUNTY MARYLAND b. CITY OR TOWN [if outside demostes limits, write RURAL and give neerest town) MARYLAND MARYLAND b. CITY OR TOWN [if outside demostes limits, write RURAL and give neerest town) MARYLAND M. SON M. SON M. SON M. STREET ADDRESS M. MONTHS M. MINISTREET ADDRESS M. MONTHS M. MONTHS M. | - | | | | | | |
|--|-----------|--|---|--|--|--|--|
| D. CITY OR TOWN II duritide dispersite limits, write RURAL and give neeral town) Will SON d. RARL of give powers by mile write RURAL and give neeral town) d. RARL of give powers by mile write RURAL and give neeral town) d. RARL of give powers by mile write RURAL and give neeral town) d. RARL of give powers by mile write RURAL and give neeral town) d. SARME OF SON AS STREET ADRESS d. STREET ADRESS d. STREET ADRESS a. IS RESIDEN ON A FAST IN JOE AND TYSE IN JOE AND T | | e. COUNTY MONTOOMERV | e. STATE COUNTY b. COUNTY | | | | |
| 3. NAME OF DECEMBED First Modified Superior Sup | 1 | b. CITY OR TOWN (if outside comporete limits, write RURAL end give neers town) | | | | | |
| DECRASED [Types or print] 5. SEX. 6. COLOR OR RACE 7, MARRIED MEVER MARRIED 8. DATE OF BIRDY 19. AGE (In yeas) FUNDER TYEAR IF UNDER 24 RR Month Days Month | 1 | P / / | d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\) | | | | |
| Mode White Whomes Divorces 222/887 Sea bimploby: Months Days Hours Min White Divorces 222/887 Sea bimploby: Months Days Hours Min Min Months Developed Months Days Hours Min Months Developed Months | | DECEASED (Type or print) VICTOR WARREN | SWARTZ OF DEATH 5 / 1961 | | | | |
| done during manage-working life, expedit relized MASON CTY FOWA 1.5. A. 13. FATHER'S NAME AND OFF CAS DER S WART 14. MOTHER'S MAIDEN NAME AND DEATH STREET OF THE TERMINAL DISEASE EVER IN U.S. ARMID FORCES; IT'S, WAS DICEASED ARMID FORCES; IT'S DICEASED ARMID FORCES; IT'S, WAS DICEASED ARMID FORCES; IT'S D | | Make White WIDOWED DIVORCED | 2/22/1887 Jest birthdey) Months Deys Hours Min. | | | | |
| ANT ONE CASPER SWARTS MARK GARVETE COCK. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no greywhown) [lifyes pirowasor delevor d | 1 | done during most working life, evan if retired) | MASON GTX, IOWA U.S.A. | | | | |
| 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] 19. PART I. DEATH WAS CAUSED BY. INMEDIATE CAUSE (e) 19. PART II. DEATH WAS CAUSED BY. INMEDIATE CAUSE (e) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPP PERFORMED OR CONTRIBUTING CAUSE OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPP PERFORMED OR CONTRIBUTING CAUSE OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPP PERFORMED OR CONTRIBUTING CAUSE OF PART II. OTHER MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERTING AUSE OF PART II. OTHER TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPP PERFORMED OR CONTRIBUTING CAUSE OF PART II. OTHER MEDICAL EXAMINER) 20b. DISCAGE HOW INJURY OCCURRED WHILE WORK IN PART I(e) 19. WAS AUTOPP PERFORMED OR CONTRIBUTING CAUSE OF PART II. OTHER MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While II. Not While II. Not While II. Not While II. Not While III. Not While II. Not While III. Not While II. Not While III. NO | | | | | | | |
| PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause (a), relating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPER CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CONTRIBUTION COURRED OF CONTRIBUTION COURRED OF CONTRIBUTION CONTRIBUTION COURRED OF CONTRIBUTION COURT IN PART 1(a) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(b) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(b) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(b) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(b) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(b) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 19. WAS AUTOPPER CAUSE OF CONTRIBUTION COURT IN PART 1(c) 1 | | | MARLOTTE SWARTZ - 1912 MOSON CITY TOWN | | | | |
| 20c. TIME OF INJURY Month, Dey, Year Hour a.m. While et work 19 20c. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 2 47 N | 2 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immediate cause (a), stating the underlying cause lest. (c) | ONSET AND DEATH | | | |
| 21. I certify that (I) (this hospital) attended the deceased from 2 1901, 1901 | OLD ATION | MULTUP SUPERIOR 1206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | GASTUC VICERS YES INO [] | | | | |
| 220. SIGNATURE M.D. ATTENDING MED. STAFF MCY 1968 221. PHYSICIAN'S NAME (Type) A CK CROWELL 222. PHYSICIAN'S NAME (Type) A CK CROWELL 223. BURILL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Sylling | IACIDAN | | tory, street, office bldg., etc.) | | | | |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 510 3 NOW CON 250. REGISTRAR'S SIGNATURE 4 ADDRESS 510 3 NOW CON 250. REGISTRAR'S SIGNATURE | | 220. SIGNATURE CALLACIAN N | ATTENDING MED. STAFF MCLY 1960 | | | | |
| Cheart Character Adams 1 161 0 11 0 11 0 11 | 2 | REMOVAL (Specify) | zum Com la spendle lace mod | | | | |
| | 2 | The state of the s | MAY A '61 OT BY | | | | |



VR A15 (4) 15M 9/60

MARYLAND S DIVISION OF STATISTICAL RESEARCH AND

MARYLAND STATE DEPARTMENT OF HEALTH

ND

| DIVISION OF STATISTICAL | RESEARCH AND RECORD | 5, 301 W. PRESTON | STREET, BALTIMORE 1 | , MARYLA |
|-------------------------|---------------------|-------------------|---------------------|----------|
| 5883 | CERTIFICAT | E OF DEATH | | 1, 1 |

| | | | | | | | 4, 4 | | | |
|---|--|---|-----------------------------|------------------|---|------------------------------------|--|-----------------------------|--|--|
| 1. | PLACE OF DEATHCOUNTY Montgome: | | MARYLA | STATE - | NCE (Where deceased live b. | ved, If institution: COUNTY Cample | Residence | | | |
| b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) The Clinical Center, Bethesda 14, Md. | | | | Lynchburg | c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Lynchburg | | | | | |
| | | | | | d. STREET ADDRESS 1403 Club Drive | | | | | |
| 3. NAME OF DECEASED (Type or print) Cheryl | | | Middle Lynn | Tarkington | 4. DATE OF DEATH | May | 22 19 61 | | | |
| | Female | White W | MARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In 8 est birth | 1 1 1 | | UNDER 24 HRS. Hours Min. | | |
| 10e do | Student | ON (Give kind of work rking life, even if retired) | 10b. KIND OF BUSINESS OR IN | | unty & State, or foreign co | ountry) 12. CIT | U.S. | MHAT COUNTRY | | |
| | Edward H. | Tarkington | | Jean Rich | ncreek | | | | | |
| 15. (Ye | WAS DECEASED EVENTON (III | ER IN U.S. ARMED FORCES fyesgivewerordetesofservio | None | The Clinical | | | Mary | land | | |
| | 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse | | | | | | interval Between onset and Death 5 minutes | | | |
| CERTIFICATION | 200. ACCIDENT WA | AS UNDERLYING 20 | NS CONTRIBUTING TO DEATH B | | | | 7 1(e) 19. YES | PERFORMED? | | |
| MEDICAL CI | | | | | | | | | | |
| | 21. I certify that OK (this hospital) attended the deceased from May 16 , 19 61 to May 22 , 161, that (1) (we) lass saw the deceased align on May 22 , 19 61 , and that death occurred at 200 Mirror the causes and on the date stated above | | | | | | | | | |
| | 220. SIGNATURE Charle Cha | | | | | | | | | |
| | REMOVAL (Specify) Burial FUNERAL DIRECTOR | May 25,1 | | 250. 1 | REC'D BY REGISTRAR 25 | rg, Virg | ginia SIGNATUI | RE | | |
| | | // | 7 | | | | | | | |

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(4,")

alministry of management of the second

Band the Soundfield

The Clinical Center, Betherds 10, Hd. 1105 Club Leive

Cheryl Lynn Terdington Lay 22 G

3/ 12 . 13/ 18

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state the terms on the ventores and the system for the state of the st

A LONG THE RESIDENCE OF THE PROPERTY OF THE PR

ter death. Page 4

5884

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05871

| 1. PLACE OF DEATH o. COUNTY | H | 11 | Sem A LITH | 2. | USUAL RESIDENCE (WI | here deceased l | ived. If institution | an: Residence b | pefare admission) | / |
|--|---|--------------------|-------------------------------|-----------|--|------------------------|--------------------------------|-----------------|----------------------------------|------------|
| | MONTGOMERY | | MARYLA | | Manage | | | DISTRI | CT | |
| RURAL ond giv | 'N (If autside carporate lim re nearest tawn) DLNEY | ils, write c. LE | 75 MINUTE | | c, CITY OR TOWN (IF o | | te limits, write R | URAL and give | nearest tawn) | |
| | SPITAL (If not in hospital, | give street addre | | | d. STREET ADDRESS | THETON | 15 | 7.1. | e. IS RESIDE | NCE RM? |
| 1 | MONTGOMERY GI | ENERAL H | OSPITAL | | 2920 | MCKINL | EY ST. | . N. W. | YES N | |
| 3. NAME OF DECEASED | Fi | | Middle | | Last | 4. DATE OF DEATH | Man | oth | Day Year | r |
| (Type ar print) | EVE | | *** | | CKEMEYER | DEATH | MAY | 11, | | - |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. D. | ATE OF BIRTH | 9. | . AGE (In years last bigthday) | Months Da | EAR IF UNDER 2 | Min. |
| FEMALE | WHITE | WIDOWED [| DIVORCED [| □ M/ | Y 12, 1906 | 51 | 1 55 yrs. | Months Da | ys Hours | min. |
| 10a. USUAL OCCUP during mast of | ATION (Give kind of wark warking life, even if retired | dane 10b. KIND | OF BUSINESS OR | INDUSTRY | 11. BIRTHPLACE (State | or foreign cau | ntry) | | OF WHAT COU | NTRY? |
| | USEWIFE | | | | TENNESEE | | | USA | | |
| 13. FATHER'S NAME | | | | 14 | . MOTHER'S MAIDEN N | VAME | | | | |
| | ? | MA | TTINGLY | | Unknown | | | | | |
| 15. WAS DECEASED | EVER IN U. S. ARMED FOR | | AL SECURITY NO. | 17. INFOR | MANT | | Add | ress | | |
| No. | (If yes, give wor or dates of | None | | | HOSPITA | RECOR | DS, OLN | EY. MAR | YLAND | |
| | DEATH [Enter only one co | | | | *************************************** | | | | NTERVAL BETW | EEN |
| | DEATH WAS CAUSED BY: | Hr. | TE MY | OCH | LADIAL | INF | A MATIC | on o | ONSET AND DE | ATH |
| | | COR | ONARY TE D | 1 5 | MONAR | is ix E | JEMK | 4 | | |
| PART II. OF CONTRIBUT (IF EITHER, NO | OTHER SIGNIFICANT CON | IDITIONS CONTE | RIBUTING TO DEATH | H BUT NOT | RELATED TO THE TERMI | INÁL DISEASE (| CONDITION GIV | EN IN PART 16 | 19. WAS AUT PERFORME YES A | ED? |
| | WAS UNDERLYING ING CAUSE OF DEATH | 20b. DESCRIBE | HOW INJURY OCC | URRED. (E | nter noture af injury in I | Port I ar Part I | l of item 18.) | | | |
| 20c. TIME OF IN Hour a. p. | 10 | While | OCCURRED 20 Nat while of wark | | OF INJURY (Hame, farm street, office bldg., etc | | r tawn) | (Caur | nty) | (State) |
| | that (I) (this haspita | | | | 5PM 5/11 19 | | | , | that (I) (we) | |
| 22a. SIGNATUR | \$ 03-74 | 2 | | M.D. | ATTENDING M | ED. | STAFF PHYS. | | 22b. D/ | |
| 22c. PHYSICIAN NAME (Typ | pe) | | | | 22d. ADDRESS | c | · M | | | |
| | | ONLEANT | | | | | IG. MARY | | | |
| Crema Crema | Lion 5/13 | OF 61 23c | - OTG | RYORGR | Matory | B/6 | CON (City, town, | bur 6 | Td, (State) | 1 |
| 24. FUNERAL DIRECT | TOR'S SIGNATURE | mascO h | ADDRESS 3 Ha | in a | DATE PATE | MAY 15 | | STRAR'S SION | | 9 |
| | | | | 1-60 | | | | | | |

AND THE PERSON OF THE PERSON O THE PERSON OF THE PROPERTY OF THE PARTY OF T

| | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND |
|------|--|
| 5885 | CERTIFICATE OF DEATH |
| | 2 (ISSIA) DECIDENCE (Where decreased lived If int |

| 5885 | CERTIFICA | TE OF DEATH | | 05872 |
|--|---|--|---------------------------------------|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where dec | eased lived. If institution | n: Residence before admission) |
| o. COUNTY Mont orome v | MARYLAND | - o. STATE Marulan | b. COUNTY | WontGomery |
| b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (Moutside of | | RAL and give nearest town) |
| RURAL and give nearest town) | 8 months | 606629-81 | st St C | abin John M. |
| d. NAME OF HOSPITAL (If not in hospital, give stre | eet oddress) | d. STREET ADDRESS | , | e. IS RESIDENCE ON A FARM? |
| Oak haven Con vale | scent Home | | A COLUMN TO SHARE | YES NO |
| 3. NAME OF First | Middle | Lost 4. DA | TE Month | Day Yeor |
| (Type or print) Thornton. | B | Titus DE | ATH Mai | 22 1961 |
| 5. SEX 6. COLOR OR RACE 7. M | ARRIED NEVER MARRIED | 8. DATE OF BIRTH | | FUNDER 1 YEAR IF UNDER 24 HRS. |
| WIDO | OWED DIVORCED | Sune 13, 187 | 5 85 yrs. | Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) | 06. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stole or fore | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| Carpenter | | Vivain | ia | 2.15 |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN JAME | | , |
| Edward Ta | tus | Mary C | Can Mo | Kimmy |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) | 16. SOCIAL SECURITY NO. 17. | NFORMANT | Addre | " - Casin Jot |
| No | 212-24-4693 | lizabeth Witt | -6629-81 | st St. Md |
| 1B. CAUSE OF DEATH [Enter only one couse pe | er line for (o), (b), ond (c).] | | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | CEREBRAL | THROMBOS | 7 | ONSET AND DEATH |
| 232X DUE TO | | | | |
| Conditions, if ony, which) (b) | AKTERIOSCL | FROSIC GE | NERAL | 5 ur |
| gove rise to immediate DUE TO | | 202/1 | | |
| lying couse lost. (c) | | | | |
| | NS CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERMINAL DI | SEASE CONDITION GIVE | N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | | | | YES NO |
| PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING 20b. II OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRE | ED. (Enter noture of injury in Port I o | r Port II of item 18.) | |
| | | | | |
| = 1 | | ACE OF INJURY (Home, form, 20f. | (City or town) | (County) (State) |
| Hour o. m. 19 of v | nile Not while work of ot work | octory, street, office bldg., etc.) | | |
| 21. I certify that (I) (this haspital) atte | anded the deceased from | JULY 1059 | 10 MAY 27 | e, 19.61, that (1) (we) last |
| saw the deceased alive on MAY | | death accurred at !! .M. fr | | |
| 220. SIGNATURE | and that a | death accurred artific, M, Ir | om the causes and | 22b. DATE |
| 7 | | ATTENIDING | STAFF | SIGNED |
| seo m. | Curlis | M.D. PHYS. MED. DIRECTOR | STAFF PHYS. | |
| 22c. PHYSICIAN'S NAME (Type) | Curlis | 22d. ADDRESS | | 7 M |
| 22c. PHYSICIAN'S NAME (Type) Leo M. Curtis | Curlis | | | BETHESDA, MI |
| NAME (Type) Leo M. Curtis 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY C | 8218 WISCON | | BETHESDA, ML |
| NAME (Type) | | 22d ADDRESS 8218 WISCON | SIN AVE., | BETHESDA, MU county) (Stote) ginia |
| NAME (Type) Leo M. Curtis 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 5/25/61 | 23c. NAME OF CEMETERY C Union ADDRESS | 22d. ADDRESS 8218 WISCOM DR CREMATORY 23d. LE 25d. REC'D BY RE | OCATION (City, town, o | |
| NAME (Type) Leo M. Curtis 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 5/25/61 | 23c. NAME OF CEMETERY C | 22d. ADDRESS 8218 WISCON DR CREMATORY 23d. LI Le 25a. REC'D BY RE | OCATION (City, town, o esburg, Vir | ginia |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

TO HOSPIT

VR A15 (4) 15M 9/59

Her death. Page 4

And the state of the second second second At the September 19 12 Stellar Mark Constitution THE REPORT OF THE PARTY OF THE BEAT SERVICES CONTRACTOR OF THE SERVICES OF TH new to the support by the state of the state

CERTIFICATE OF DEATH Item 2

5226

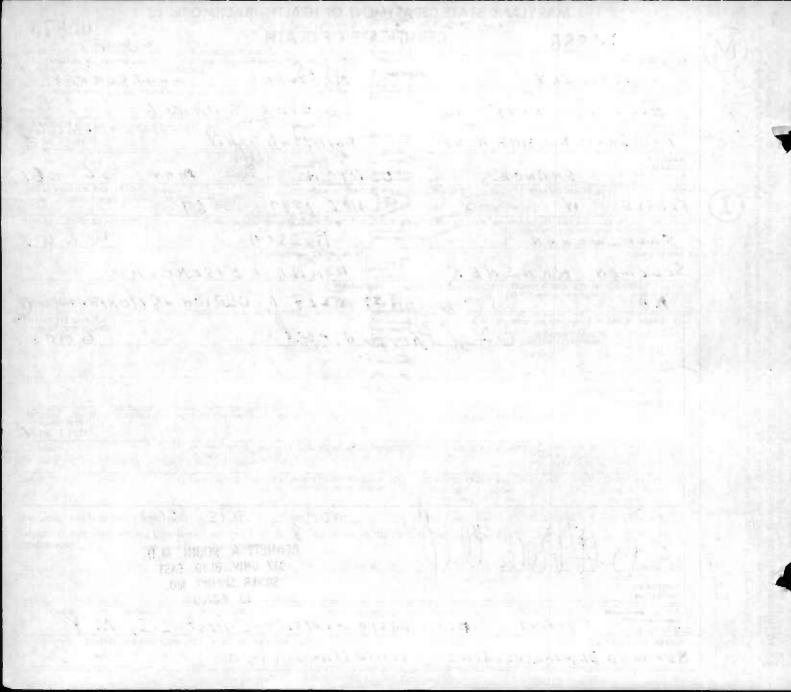
55873

| Y | 5886 | CERTIFICA | E OF DEATH | Reg. Dist. N | lo. |
|---|---|--------------------------|---|------------------------------|---|
| 1 | 1. PLACE OF DEATH a. COUNTY | MARYLAND 2 | 2. USUAL RESIDENCE (Where deceased li | b. COUNTY PRIN | ICE CETT |
| 1 | MONTGOMERY | | MARYLAND | MONTED | |
| 1 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) | ENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside corporal | limits, write RURAL and give | nearest town) |
| | SILVER SPRING | | SILVER SI | PRING ! | 0-56- |
| | d. NAME OF HOSPITAL (If not in hospital, give street addre | | d. STREET ADDRESS 8110 Ne | w Hampshire Av | e. IS RESIDENCE ON A FARM? YES NO P |
|) | FAIRLAND NURSING HO | | H4-114-414 D13-44 | | |
| | 3. NAME OF DECEASED (Type or print) FRANCES | Middle UL | RICH OF DEATH | may / | Day Year 19 6/ |
| | S. SEX 6. COLOR OR RACE 7. MARRIED [| NEVER MARRIED 8. | DATE OF BIRTH 9. | | AR IF UNDER 24 HRS. |
| | FEMALE W WIDOWED | DIVORCED 🗌 | NOV. 1897 | ost birthday) Months Day | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | OF BUSINESS OR INDUSTR | Y 11. 8IRTHPLACE (Stale or foreign coun | try) 12. CITIZEN | OF WHAT COUNTRY? |
| ŀ | 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | 6.40 |
| | | -10 | | CENATOR | |
| - | | AL SECURITY NO. INF | HAMNAH EI | SENBERG Address | |
| 1 | (Yes, no, or upknown) (If yes, give war or dates of service) | | | ICH - STIONE | EW HAMPSHIR |
| Ī | 18. CAUSE OF DEATH [Enter only one cause per line for | | / | 111 | NTERVAL BETWEEN |
| ١ | PART I. DEATH WAS CAUSED 8Y: | of the 1 | (Ampla) | O | SET AND DEATH |
| 1 | DUE TO | 31) NO 15 | y move c | | 0 10 3 |
| 1 | Conditions, if any, which) | V | 0 | | |
| 1 | gave rise to immediate | | | | |
| 1 | cause (a), stating the under- lying cause last. | | | | |
| 1 | / (0) | PIRITING TO DEATH BUT NO | OT PELATED TO THE TERMINAL DISEASE O | ONDITION GIVEN IN PART 1/a | 19 WAS ALITOPSY |
| | OF TAKE II. OTHER SIGNATERIAL CONDITIONS CONT. | KIBOTINO TO DEATH BOT IN | OF REDATED TO THE TERMINAL DISEASE OF | ONDITION ON EN THE TAKE NO | PERFORMED? |
| | TO ACCIDENT WAS UNDERLYING TO 201 DESCRIBE | HOW INDIANA OCCURRED | (Enter nature of injury in Part I ar Part II | of item 18.) | YES NO |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOW INJURY OCCURRED. | Enter noture of injury in roll 1 of ruit in | or new ro., | |
| 1 | 2 | factor | E OF INJURY (Home, farm, 20f. (City arry, street, affice bldg., etc.) | town) (Count | ty) (State) |
| 1 | Hour a. m. p. m. 19 While at work | Not while at work | y, sites, diffee blug., etc.) | | |
| 1 | 21. I certify that I attended the deceased f | rom II | 1960, ta 5/1 | 5_, 1961, that I last s | aw the deceased |
| 1 | alive on 1960 | . and that death a | 6 0 | e causes and on the do | |
| 1 | dive | , and that death a | | | DATE SIGNED |
| 1 | ACTUAL TO THE TOWN | XXV | BENNETTESSASITE | KARIN' M'D', | |
| | SIGNATURE | М. | all UNIV. E | | |
| 1 | PHYSICIAN'S NAME (Type) | | SILVER SPR | | |
| F | | . NAME OF CEMETERY OR C | CREWATORY 22d LOCATIO | S/UU | . /State) |
| | BURIAL (Specify) 5/18/61 | BETH PAVII | DEMETERY EIM | ONT-L.I, A | (State) |
| 1 | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a. REC'D BY REGISTRA | | |
| | BERNARD DANZANSKY SOL | NS 3501-1 | 4STAW DAMAY 18'61 | arthur S. Krau | u.a. |

may be rely red by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITA VS A1S (4) 15M 9/S8



FOR STATE-HEALTH DEPT.

TO DEPUT. MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any prem, within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 5887 | MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH | 05874 |
|---|-----------------------------|-------------------------|--|---|--|
| 1. PLACE OF DEATH | | 11111 0200 | | Where deceased lived, If institution | n: Residence before edmission) |
| monte | mery | MARYLAND | o. STATE | b. COUNTY | * |
| b. CITY OR TOWN (if outside co | | LENGTH OF STAY IN 1b | c. CITY OR TOWN (If out | tslda corporate limits, writa RURAL | and give nearest town) |
| Kensuk | In | 1 mo | Utarhu | return | 47X |
| d. NAME OF HOSPITAL OF INS | TITUTION (if not in hospite | , give street address) | d. STREET ADDRESS | 1 | a. IS RESIDENCE ON A FARM? |
| Klusington ! | arden No | ursus Home | 3847 Koo | Gran St. N.W | YES NO X |
| 3. NAME OF DECEASED | First | Middle | Last 4. | DATE Month OF | Dey Year |
| (Type or print) | hon La | wrence | Vail | DEATH May | 1 1961 |
| 5. SEX 6 COLOI | OR RACE 7. MARRIED | NEVER MARRIED B | . DATE OF BIRTH | 9. AGE (In years IF UND last birth ay) Month: | ER 1 YEAR IF UNDER 24 HRS. |
| male WI | lite WIDOWED [| AN I I | 12-11-18 | 8 2 × . | |
| 1De. USUAL OCCUPATION (Give a dona during most of working life, e | | OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State or fo | preign country) 12. | CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | aker - Re | lired | 14. MOTHER'S MAIDEN NAM | 46 | en-5.a |
| is. Patricipal in | 1 10 | | 14. MOTHER'S MAIDEN NAM | 1 | |
| 15. WAS DECEASED EVER IN U.S. | ARMED FORCES? 16. SO | CIAL SECURITY NO. 17. I | Warcena / | Address | |
| (Yas, no or unkown) (Ifyasgive wa | | 01 1004 1/ | 11 | . 0. 0 | |
| NO 1 18. CAUSE OF DEATH [Ent | ar only one cause per line | for (e), (b), end (c). | ursug Him | 1 recove | I INTERVAL BETWEEN |
| PART I. DEATH WAS CA | | te Cou | dias. Jack | lene. | ONSET AND DEATH |
| IMMEDIATE | DUE TO | | | | 12102 |
| Conditions, if any, which | (b) Ch | ionir Caro | lio - renal | deriale | months |
| geve rise to immediate cause | DUE TO | | | | TIVIVIAC |
| (a), steting the undarlying cause last. | (c) | | | | |
| PART II. OTHER SIGNIFICA | NT CONDITIONS CONTRI | BUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL | DISEASE CONDITION GIVEN IN P | ART 1(e) 19. WAS AUTOPSY PERFORMED? |
| TY: | | | | | YES NO |
| PART II. OTHER SIGNIFICA 2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. | | HOW INJURY OCCURED. (E | Enter neture of injury In Pert I or | Part II of item 1B.) | |
| 0 | | for a | CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) | 20f. (City or town) | County) (State) |
| Hour a.m. | While at work | Not While ract | ory, street, office bidg., etc.) | | |
| 21. I certify that I took | charge of the remain | ns described above, he | ld an Autopsy . Ins | pection 📈, Inquiry 💢, | and in my opinion |
| death resulted from: 1 | Natural causes X | Accident, Suic | ide, Homicide | , Undetermined manner | |
| 1 | 100 | 1 1 | CHIEF MEDICAL EXAM | MINER [| |
| SIGNATURE SAL | nt Je 12 | withait | M.D. ASSISTANT MEDICAL | L EXAMINER | DATE SIGNED |
| EXAMINER'S FL | ank J. | Bhoscha | DEPUTY MEDICAL EXA Address (Street, city, | - / / recy | 1-1961 |
| 22a. BURIAL, CREMATION, 22b. I REMOVAL (Specify) | OATE THEREOF 22 | C. NAME OF CEMETERY OF | CREMATORY 22d | I. LOCATION (City, town, or con | ntry) (State) |
| Cremation 5/ | 3/61 | Cedar Hill | | Suitland, Mar | yland |
| 23. FUNERAL DIRECTOR | nhmarr Dati | ADDRESS | | Y REGISTRAR 246. REGISTRAR' | S SIGNATURE |
| Robert A. Pum | phrey Bet | hesda, Mary | Land DAMAY 3 | '61 aulus & | Kura |

7-14-6-20 The text of the te AND THE STORY AND THE WAR HELD THE PERSON AND THE P Fall Control of the C breitant bestate and and the transfer of the t to represent the representation of the contract of the contrac

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | 5000 | | | | 1,5075 |
|--|---|---|------------------------------------|---------------------------------|--|
| 1. PLACE OF DEAT | H OOOO | | 2. USUAL RESIDENCE | CE (Where deceased lived, If | institution: Residence before admission) |
| Montgomery | | MARYLAND | a. STATE Maryland | b. cour Monta | gomery |
| | (if outside corporata limits, | c. LENGTH OF STAY IN 11 | c. CITY OR TOWN (I | | RURAL and give nearest fown) |
| Bethesda (| d give nearest town) | 17 dove | | | 241 |
| | | 17 days | Wheaton | | 2-7- |
| | | ot in hospital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| U. S. Nava | 1 Hospital | | 11967 Andr | ew Street | YES NO |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE Month | Day Year |
| (Type or print) | Marin | Pierre | VINCENT | DEATH May | 21 19 61 |
| 5. SEX | 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Male | Caucasian w | /IDOWED DIVORCED | 7-20-92 | 68 yrs. | Months Days Hours Min. |
| 10a. USUAL OCCUPA | TION (Give kind of work rorking life, evan il retired) | 10b. KIND OF BUSINESS OR INDUS | | ty & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Clerical | orking the, evall it lemes) | Hotel | France | | USA |
| 13. FATHER'S NAME | | 1000 | 14. MOTHER'S MAIDEN | NAME | Olars |
| Desiree V | INCENT | | Zenaide BON | TOUS | |
| 15. WAS DECEASED E | VER IN U.S. ARMED FORCES | | | Address | |
| (Yes, no, or unkown) | (if yes give war or dates of servi | | E) Pone N Win | 2702 10 | th Ct ME WookDO |
| The state of the s | DERTH Hater only and | use per line for (a), (b), and (c).] | o) Hene H. ATH | cent, 2702 10 | th St., NE, WashDC |
| | TH WAS CAUSED 8Y: | use per line for (a), (b), and (c). | | | ONSET AND DEATH |
| PARI I. DEA | IMMEDIATE CAUSE (a) A | rteriosclerosis, | generalized | | years |
| 450 | DUE TO | | | | |
| Conditions, if an | 0 | | | | |
| gave risa to imma | 1-1 | | | | |
| (a), stating the | DIJE TO | | | | |
| cause last. | (c) | | | | March State Control of the Control o |
| Z PART II. OTHI | | NS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | AL DISEASE CONDITION GIV | EN IN PART 1(a) 19. WAS AUTOPSY |
| 011 | | | | | PERFORMED? |
| 5 | | | | | YES X NO |
| OR CONTRIBUTING | VAS UNDERLYING () G () CAUSE OF DEATH Y MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUR | ED. (Enter nature of injury in l | Part I or Part II of item 18.) | |
| 20c. TIME OF INJ | URY Month, Day, Year | 20d. INJURY OCCURRED 20e. P | LACE OF INJURY (Home, farm | , 20f. (City or town) | (County) (State) |
| Hour a.m. | | 111111111111111111111111111111111111111 | actory, street, office bldg., etc. |) | |
| ₹ p.m. | 19 | at work at work | | 1 | |
| 21. I certify | that 🗶) (this hospital) | attended the deceased from | May 4 | 1961, to May 21 | , 19.61, that (x) (we) last |
| saw the decea | sed alive on May | 21 19.61, and th | at death occured at | M, from the causes | and on the date stated above. |
| 22a. SIGNATORE | | n ./ | | | 22b. DATE |
| Lot | urt D | Muth | | AED. STAFF | 5-22-61 SIGNED |
| 22c. PHYSICIAN | | | 22d. ADDRESS | | |
| NAME (Type | Robert G. MU | TH, LT, MC, USN | U. S. Nav | al Hospital, I | Bethesda, Md. |
| | TION, 236. DATE THEREO | F 23c. NAME OF CEMETER | Y OR CREMATORY | 23d. LOCATION (City, to | wn or county) (State) |
| REMOVAL (Specify | 5-24-61 | Mt. Olivet (| Cemeterv | Washington | D?C. |
| 24 FUNERAL DIRECTO | R'S SIGNATURE | A ADDRESS | | D BY REGISTRAR 256. RE | GISTRAR'S SIGNATURE |
| | Funeral Home, | n'/1. | | 44V 0 = 101 | William & Krous |
| Marrel 9 | . mierar Home | Mo. Manter, PM. | DATE | | 22, / (///////////////////////////////// |

(Litz z) without If days 00 J. 35 H. - 0495 LA 18 32 LU ... Jan 13 Warm Joell VINCENT 344 mata December 26-63-1 Fr nc Loton Clorecol Manaid: BONT US THOMIN SOTIUS (3) Mine M. Vincenc, 2702 worth no., M., athio

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May 4 5:27FM May RI 60 01 00

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Robert G. Mulis, Mr., Mo, Cast G. 8. Novel Horgital, Beingaut, Mi.

Surfail 5-24-51 Miss. Chive. Cometony Washington

. 5:0

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5889 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY files. Health, Page a. STATE b. COUNTY MARYLAND mery b. CITY OR TOWN (if outside corporate limits, write RURAL and give represt town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURA) and give naarast town) director. Your 5 Musicla HOSPITAL OR INSTITUTION (if not in hospital, give street products) d. STREET ADDRESS For Boar a. IS RESIDENCE ON A FARM? 3 to the funeral retained YES NO State 9118 Redwood Avenue NAME OF Middla 4. DATE Month DECEASED OF the (Type or print) DEATH after 1961 May Pe with 5. SEX 8. DATE OF BIRTH AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. ss 1, 2, and 3 bage 5 may b 1 and 2 with 7. MARRIED NEVER MARRIED last birthda Months Days Hours WIDO WED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) "pending" in pencil in Item 18. Give Pages 1, within 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME FIB event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) | (If yes give war or detes of service) Office along with any None MEDICAL EXAMINER: This certificate should be executed INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] .5 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (b) gave rise to immediate cause O Medical Examiner's DUE TO (a), steting the underlying SE 6 pesn : cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 99 PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO No 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) OSCHRAT DEPL Address (Street, city, town, or county) 22a. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p 0 Burial Rockville. Maryland H 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 246. REGISTRAR'S STGNATURE VS. AISME Pumphrey Bethesde, Maryland DATE UN 2 5M 9/60 Cirkhun S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL DESPARCH AND DECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | | 5890 | | CERTIFICAT | E OF DEATI | H | | 1.5077 |
|---------------|---|--|-------------|---|---|-------------------------------|---|---|
| 1. | PLACE OF DEAT a. COUNTY Montgome: | тн | | MARYLAND | 2. USUAL RESIDE | | d, If institution: Resider OUNTY IN Arundel | nce batore admission |
| - | b. CITY OR TOWN | l (if outside corporata limi nd give naarest town) | its, | c. LENGTH OF STAY IN 18 | | (If outside corporate limits, | | neerast town) |
| | | PITAL OR INSTITUTION (| | pital, giva straat address) | d. STREET ADDRES | Street | | o. IS RESIDENCE ON A FARM? YES NO X |
| 3. | NAME OF DECEASED (Type or print) | First | | Middle Catherine | Last WERT | 4. DATE | Nonth Day | - |
| | Female | 6. COLOR OR RACE | 7. MARRIEI | D NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH 5-6-80 | last birtho | raars IF UNDER 1 YEAR lay) Months Days | Hours Min. |
| | Housewi FATHER'S NAME | ATION (Give kind of work working life, aven if ratira fe | k 1Db. KI | ND OF BUSINESS OR INDUS | | unty & State, or foreign cou | ntry) 12. CITIZEN (| OF WHAT COUNTRY |
| 15 | Christ R | ONK EVER IN U.S. ARMED FOR (Ifyasgiva warordatasofs | | SOCIAL SECURITY NO. 17. | Mary E. D | ULL | dress | |
| | | ediata causa | Car Car | na for (a), (b), end (c).] | S) Charles A ythmic tie Kear | thlesex | 11 | Above ITERVAL BETWEEN NSET AND SEATH T X LANGE O TYPE |
| CERTIFICATION | 20a. ACCIDENT OR CONTRIBUTIN | HER SIGNIFICANT CONDI TEMPLES WAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER) | loca | TRIBUTING TO DEATH BUT CRIBE HOW JAJURY OCCUR | undu | ia (2 u | recks ! | 19. WAS AUTOPSY PERFORMED? YES X NO |
| MEDICAL | 20c. TIME OF IN Hour e.m | | Whila | Not While f | LACE OF INJURY (Homa, fa actory, streat, offica bldg., a | | (County) | (State) |
| | 21. I certify | that the (this hosping seed alive on | y 19 | ded the deceased from 1961, and the limit of the limit | ATTENDING PHYS. 22d. ADDRESS | - DEAM | K 5 | 22b. DATE SIGNE |
| 1 | Ba. BURIAL, CREMO REMOVAL (Spaci Burial-Sh. FUNIKAL EINECT | ipment | hel | Maple Grove AddressArlin | Cemetery gton, Va. 25a. F | Elizabeth BY REGISTRAR 256 | | |

1000 1 00 HOWERUR (RUTELL) 35 days 3 to 10 0 0 0 1 1 1 1 1 L. D. LOVEL HORELULL Will sta other out 1/2 1. Han i Capacille Possis Countries X 3=6-80 Nousewire Parady Leader Mod Jahres will . The Home (3) Characs A. Nors, Jr., same as pr chove

A 10 61 val 10:30 II val 12 (22

10-57-6

Junes H. Yoby, E. B. Dounesda, M. S. Mayel Hospirel, Bounesda, Mr.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| UUUI | | | | | 000 | |
|---|--------------------------------|---|----------------------------|----------------------------------|-----------------|----------------------|
| 1. PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDED | NCE (Where decessed | lived, If Institut | tion: Residence | before admission) |
| Montgomery | MARYLAND | Virginia | | D. CO 01111 | | |
| b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) | c. LENGTH OF STAY IN 16 | | (If outside corporate li | mits, writa RUR | AL end give ne | erest town) |
| Bethesda (Rural) | 1 day | Manassas | | | 23 | × |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in | hospitel, give street eddress) | d. STREET ADDRESS | S | | 1 | e. IS RESIDENCE |
| U. S. Naval Hospital | | 191 01d C | entreville | Road | | YES NO K |
| 3. NAME OF First DECEASED | Middle | Last | 4. DATE OF | Month | Day | Year |
| (Type or print) Robin | Denise | WEST | DEATH | May | 30 | 19 61 |
| 5. SEX 6. COLOR OR RACE 7. MAR | RRIED NEVER MARRIED X B | . DATE OF BIRTH | 9. AGE | (In yeers IF UN pirthdey) Mon | | F UNDER 24 HRS. |
| Female Caucasian WIDO | WED DIVORCED | 5-29-61 | | yrs. Mon | ths Days | Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | . KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Con | unty & State, or foreign | country) 12 | 2. CITIZEN OF | WHAT COUNTRY? |
| and during most of working ma, even it terms d | | Maryl | and | | USA | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDE | N NAME | | | |
| Fred Leon WEST, JR. | | Phyllis C | arol ROBBI | NS | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. | | | Address | | |
| (Yes, no, or unkown) (Ifyesgivewarordatesofservice) | None (F) | Fred L. We | st. Jr s | ame as | #2 abov | e |
| 18. CAUSE OF DEATH [Enter only one cause p | | | | | INTER | EVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) | Trematur | : +,, | | | ONS | TAND DEATH |
| 7 DUE TO | | 1 | | | | 7 7.07 |
| C Price V | | | | | 1111111 | |
| gave rise to immediate cause | | , | | | | |
| (a), stating the underlying DUE TO | | | | | | |
| Z PART II: OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | OT DELATED TO THE REPA | AINAL DISEASE COND | TION GIVEN IN | PART 1(a) 19 | WAS AUTOPSY |
| trolansed un | 6. lical Cor | 1 1 | aspl | VYIC | | PERFORMED? |
| 0 | | | | 101 | YE | S NO 1 |
| 206. ACCIDENT WAS UNDERLYING 206. | DESCRIBE HOW INJURY OCCURED | , (Enter neture of injury i | n Pari I of Peri n of Itel | ny 10.) | | |
| | | | | | | |
| 0 | | CE OF INJURY (Home, fe lory, street, office bldg., e | | vn) | (County) | (State) |
| | work at work | | | | | |
| 21. I certify that (this hospital) at | | May 29 | / L 5 /3 M | ay 30 | | at 11) (we) last |
| saw the deceased alive on May 30 | 19.61, and that | death occured at. | M, from the | causes and | on the date | e stated above. |
| 220. SIGNATURE | | ATTENDING | MED. ST. | AFF | | 22b. DATE SLIGNED |
| H15 17 | very M | .D. PHYS. | | rs. 🔼 | | 5-31-61 |
| 22c. PHYSICIAN'S NAME (Type) | / | 22d. ADDRESS | 2 77 14 | 7 70-41- | | (2 |
| NAME (Type) G. B. AVERY, | LT, MC, USN | U S. Nav | ral Hospita | I, Beth | esua, M | a. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION | (City, town or | county) | (Stata) |
| Burial (Specify) 6-1-61 | Arlington Na | ational | Arling | ton | Vi | rginia |
| 24 FUMERAL PRECIOSES TOMBURE - 8, 11 | | | REC'D BY REGISTRAR | 25b. REGISTR. | AR'S SIGNATU | IRE |
| R. A. Pumphrey Funeral Ho | ome, Bethesda, Mo | d. DATE | UN 1 '61 | (1 18 | 8 Kines | |
| -2051223XV | 2 | | UN I VI | - Linkhur | A. / WALLA | |
| 200120031 | | | | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05879

| 1. PLACE OF DEATH o. COUNTY Montgor | nery | | MARY | rLAND | 2. USUAL RESIDENCE O. STATE | E (Where de | | . If institution b. COUNTY | 20 . | Geor | У. |
|--|---|------------------|---------------------------------|-----------|---|-----------------|---------------|----------------------------|-----------------|-------------|--------------------|
| b. CITY OR TOWN (RURAL ond give in Bethese | | ls, write | ead on Ar | Tiva | c. CITY OR TOWN | | corporate li | mits, write RL | JRAL ond give r | nearest tow | √n) |
| | TAL (If nat in hospital, g | ive street ad | dress) | | d. STREET ADDR | ESS | 1 | 11/ | 1 | e. IS RE | SIDENCE A FARM? |
| | inical Cent | ar | | | Box | 112 | | 16 | Y-5 | | NO K |
| 3. NAME OF | Fin | | Middle | | Lost | 4. D. | ATE | Mant | h | Day | Year |
| (Type or print) | Fra | ank | Lev | TV | White | O | ATH | May | 15 | | 19 61 |
| S. SEX | 6. COLOR OR RACE | | D NEVER MARRI | | . DATE OF BIRTH | | 9. AC | E (In years | IF UNDER 1 YE | _ | |
| Male | White | WIDOWED | DIVORCE | | November | 5. 189 | 9 las | birthday) yrs. | Months Doy: | Hours | Min. |
| 10a. USUAL OCCUPATI | ON (Give kind of work of | dane 10b. KI | ND OF BUSINESS C | OR INDUS | | (State ar fore | ign country | | 12. CITIZEN | OF WHAT | COUNTRY |
| Insurance | king life, even if retired) | | Insurance | | Marv | land | | | 100 | USA | |
| 13. FATHER'S NAME | -5000 | 1 | -123 02 0130 0 | | 14. MOTHER'S MAI | | | | | | |
| Lee White | | | | | Nettie | Paune | 3.50 | | | | |
| | ER IN U. S. ARMED FOR | CES? 16. SC | OCIAL SECURITY NO |). 17. IN | | | | cord | ess | | |
| (Yes, no, or unknown) | (If yes, give war ar dates of se | ervice) | | 100 | | | | | | | nd |
| No | | | vailable | | Clinical | OBILLE | L, De | CLORCE | | | |
| | ATH [Enter anly ane ca | | | | | | | | 0 | NTERVAL 8 | D DEATH |
| PART I. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o | Chi | ronac Lym | phocy | tic leuker | nia | | | | | |
| 7040 | DUE TO | | | | | | | | | | |
| Conditions, if | ony, which) | | | | | | | | | | |
| gove rise ta | | | | | | | | | | | |
| lying couse lost. | the <u>under-</u> | | | | | | | | | | |
| | - / (c |) | LITRIBUTING TO BE | ATIL BUIL | IOT BELLTED TO THE | TERMINIA | SEASE COL | IDITION CIVI | ENLINI DART 1/- | 110 14/45 | ALITOREY |
| PART II. OT | HER SIGNIFICANT CON | DITIONS CO | NIRIBUTING TO DE | AIH BUI | NOT RELATED TO THE | TERMINALD | ISEASE CON | ADITION GIVE | EN IN PAKI I(O | PERF | ORMED? |
| N N | | | | | | | | | | YES | NO 🗆 |
| OR CONTRIBUTING | AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCR | BE HOW INJURY C | CCURRED | . (Enter noture of inju | ury in Part I (| or Port II of | item 18.) | | | |
| 20c, TIME OF INJU Hour o. m. p. m. | RY Month, Doy, Yes | While at wark | URY OCCURRED Nat while ot wark | | CE OF INJURY (Hama ary, street, office bld | | . (City or to | wn) | (Coun | ty) | (Stote |
| | at (1) (this haspital | Lattenda | d the deceased | fram | May 15. | 161 | to Ma | v 15. | 19 61 | that (I) | (we) les |
| | | | | | eath accurred at | | | | | | |
| saw the decec | sed alive an Ma | A TO | IY_ OI and | that d | eath accurred at | £ . UD. 4 | rom the | causes and | d an the do | | d abave |
| 220. SIGNATURE | 1 R | 1 . 1 | , | | ATTENDING | MED. | _ ST. | AFF | c /2 c /6 | | SIGNED |
| /X | · xesell | ruch | | A | | DIRECTO | | YS. Z | 5/15/6 | | |
| 22c. PHYSICIAN'S NAME (Type) | R. Rieselb | ach | M.D. | | 22d. ADDRESS | The C] | inica | 1 Cent | er, Nat | tiona | 1 |
| . , , , , , | u. ureser | acn | M.D. | | Institu | ites of | Heal | th, Be | thesda | 34, | Md |
| 23a. BURIAL, CREMATION REMOVAL (Specify | | -61 | 23c. NAME OF CEM | L C | CREMATORY | 23d. | DEATION | (City, tawn, a | or county) | (Ste | ate) |
| 24. FUNERAL DIRECTO | R'S SIGNATURE | - | ADDRESS/ | | 250 | REC'D BY | EGISTRAR | 25b. REGIS | TRAR'S SIGNA | TÜRE | |
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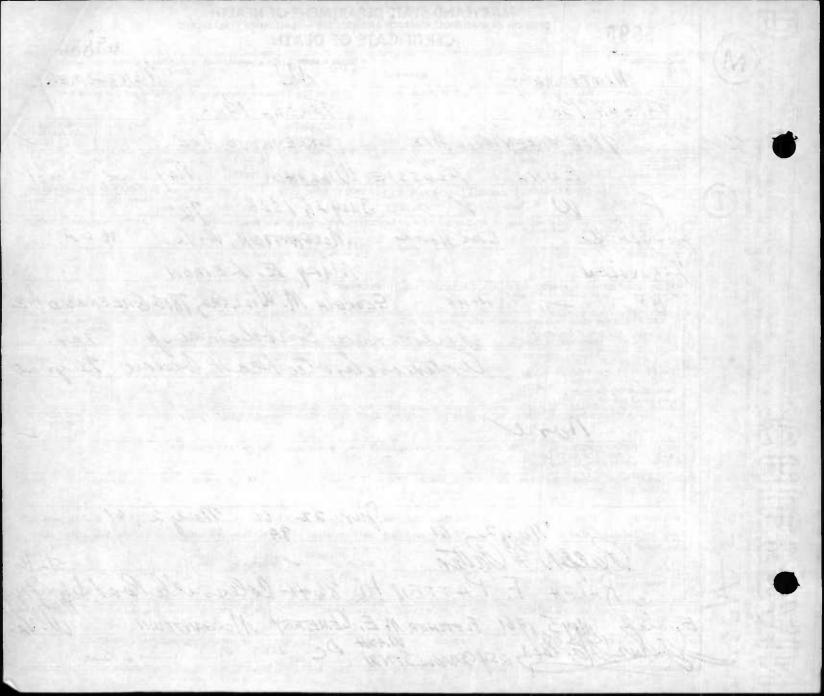
er death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

U588U

| | PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY UNTGOMERY |
|---------------|--|---|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARK | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) |
| | d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 9815 GREENWOOD AVE | d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES NO DE |
| | NAME OF DECEASED (Type or print) EDNA Middle FLOSSIE | = WILLARD 4. DATE Manth Day Year DEATH MAY 2, 1961 |
| 5. | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | B. DATE OF BIRTH Sury 27, 1888 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. |
| 100 | . USUAL OCCUPATION (Give kind of work done done) dyfing most of working the, even if retired) own form | MORGANTIUN, W. VA, 12. CITIZEN OF WHAT COUNTRY? |
| 13. | THRUELLEN | 14. MOTHER'S MAIDEN NAME MARY E. LEMON |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service) | FEORGIA M. WILLARD, 7815 GREEN WOOD AVE |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (s), tb), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c) | vary Embolism susp. Interval Between ONSET AND DEATH I hr. elevatu Heart Disease 20 yr. lat |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{NO} \) |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ED. (Enter noture of injury in Part I or Port II of item 18.) |
| MEDICAL | | LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.) |
| | | Jan. 22. 1960, to May 2, 1961, that (1) (wo) last death accurred at JAM, from the causes and an the date stated above. |
| | Talph & Satten | M.D. ATTENDING MED. STAFF PHYS. ATTENDING MED. STAFF SIGNED STAFF SIGNED |
| | PALPH F. PATTEN | 4.0 8641- Colesvelle Road Selver Spr |
| 230 | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF FLETCHER MA | OR CREMATORY 23d. LOCATION (City, town, or county) E, EMETERY MORGANTOWN W-V |
| 24. | FUNERAL DIRECTOR'S GOTTON STANDON STAN | DATE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CITIEM S. Know |



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| State of the second | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and Z with the State Beard of the or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death. | |
| P ex | des des | 0 |
| DE | Fi | 1 |
| O G4 | 0 9 | 1/2 |
| MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, makes please execute the certificate, writing the word "pending" in pencil in tem 18. Give Pages 1, 2, and 3 to the funcial director. Page 12, 2, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. | SME | A |
| Jun 11 | 7) | |

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | PLACE OF DEXT | rif | | | | 2. USU | AL RESIDENCE (V | Vhere decaese | d livad, If i | nstitution: Rasid | lance bafora ad |
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| | write RURAL ar | (il outside corp nd give naerast | oreta limit town) | 5, | c. LENGTH OF STAY | IN 16 c. CIT | Y OR TOWN (If outs | ide corporete | limits, write | RURAL end giv | ve nearest town |
| | OLNE | | | | DOA | 32. | SILVER SP | DIME | | | |
| - | | | TUTION (i | f not In hospit | al, give street eddress | d. STR | REET ADDRESS | L INO | 70111 | | e. IS RES |
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| | DECEASED | | FILST | | Middle | | | DATE | Month | De | y Year |
| | (Typa or print) | | GA | RY | ROBERT | WILLET | 1 | DEATH | MA | y 4 | 19 6 |
| S. | SEX | 6. COLOR | OR RACE | 7. MARRIED | NEVER MARRIED | 1 0 0 0 0 0 0 | BIRTH | | (In years | IF UNDER 1 YEA | R IF UNDER 2 |
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| | na during most of w | | | | D OF BUSINESS OR IN | NDUSTRY 11. BIRT | HPLACE (Stata or for | eign country) | | 12. CITIZEN | OF WHAT-CO |
| | | | | | | WASI | HINGTON, B | C | | H | S. A. |
| 13. | FATHER'S NAME | | | | | 14. MOTH | ER'S MAIDEN NAME | | | · · · · · · | |
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| | | | | | | F | RUTH REID | | LTEM | 2 | |
| 1 | 18. CAUSE OF | DEATH [Enter | only one | cause par lina | for (e), (b), end (c).] | | | | | | INTERVAL BETW |
| | PART I. DEA | TH WAS CAUS | | | A | | | | | | ONSET AND DE |
| | 1100 | MMEDIATE C | AUSE (e)_ | | BEDUVVIA | | | | | | - OILLIO |
| | | | | | ASPHYXIA_ | | | | | | FOUND |
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| | Conditions, il en | y, which | | | | | | | | | |
| | gava rise to imma- | diata cause | (b)_ | | UPPER RESP | IRATORY | NFECTION | | | | |
| | gava rise to imma (e), stating tha | diata cause | | | | IRATORY | NFECTION | | | | |
| | gava rise to imma- (e), stating tha cause last. | diata cause underlying | (b)_ DUE TO (c)_ | | Upper resp | | | | | | COLLAPS |
| NO | gava rise to imma- (e), stating tha cause last. | diata cause underlying | (b)_ DUE TO (c)_ | | | | | ISEASE COND | ITION GIV | | IN BED |
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| 2 6 | | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|-----|---------|--|
| | | 5895 CERTIFICATE OF DEATH 05882 |
| M | - | PLACE OF DEATH 5. COUNTY MARYLAND 6. CITY OR TOWN (if outside forporets limits, write RURAL and give neerest rown) MIRCURAL and give neerest rown) |
| 75 | | Will a RURAL and give nearestroy(n) I A COMA J. C. A J. C. A J. C. A J. STREET ADDRESS ON A FAI ON A FAI VES NO. VES NO. NO. NO. NO. NO. NO. NO. NO. |
| | | NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H |
| | 200 | WIDOWED DIVORCED 775. Months Days Hours Mi |
| 7 | do | Own Home 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTED TO THE STATE OF THE ST |
| | | Was DECEASED EVER IN U.S. ARMED FORCES? S, no, or unkown) (If yes give wer or dates of service) None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: |
| | | Conditions, if any, which gave rise to immediate cause (a) (b) Anderwick them the direct ause (a), stelling the undarlying cause lest. (c) |
| | 06 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMED 19. WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| 0 | MEDICAL | 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 20d. INJURY OCCURRED While Not White et work et work et work |
| 1 | | 21. I certify that (I) (this hospital) attended the deceased from 17.5.2 |
| | | 22c. PHYSICIAN'S NAME (Type) Warren D. Brill, M.D. 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 261- 16th J. 1) w War. 9.6c |
| B | | BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stoto) REMOVAL (Specify) May 6, 1961 Fort Lincoln Mausoleum Prince Georges Maryland FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| X | | Warner E. Pumphrey, Inc. 8434 Georgia Ave. S.S. DATE MAY 8 61 Cultur & Thank |
| | - | Rosmand a zicho. |

MARYLAND STATE DEPARTMENT OF HEALTH

THE PROPERTY SPACES IN THE STATE OF THE PARTY TO A PART AND LESS TO SEE THE PERMIT New of the sout time to construct of the third the Agraha . Harphray, Inc., 1934 Repreta Ave. 3.8. | Mar & No de Contes & Series

n 24 hours after n by the and death. Pess may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

TO HOS.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | 5896 | CERTIFICATE C | OF DEATH | | 05883 |
|---------|--|--|--------------------------------------|---------------------------------------|----------------------------------|
| 1. | PLACE OF DEATH | 2 | . USUAL RESIDENCE.(Whar | a daceasad liyad, If institution: Ras | idanca befora admission) |
| | o. county | MARYLAND | a. STATE This to | COUNTY | |
| - | b. CITY OR TOWN (if outside corporata limits, | LENGTH OF STAY, IN 16 | c. CITY OR TOWN (If outside | corporata limits, write RURAL and g | ive naarast town) |
| | writa RURAL and give nearast town) | 8/2/1 | 11/201. | - a Land | 472 |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, | give street address) | d. STREET ADDRESS | rich Look | I e. IS RESIDENCE |
| 11- | < 1 / / / / / / / / / / / / / / / / / / | | 1201-11. | fle112 al et 2 | ON A FARM? |
| 3 | NAME OF First | Middle | Last V4. DAT | TE Month | Day Year |
| - | DECEASED (Type or print) | 1 1 -1 - 11 | - of DEA | - M. | / / |
| E | C/21100 | 17mer LU | ATE OF SIRTH | 9. AGE (In years / UNDER 1 YE | AR I IF UNDER 24 HRS. |
| | Table 1 | The state of the s | I las la | last birthda Months Da | |
| 15 | MIALE LELLES EX WIDOWED | DIVORCED | 110/19/12 | 44 7 yis. | |
| | a. USUAL OCCUPATION (Give kind of work one during most of working life, even if ratired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State | , or foreign country) 12. CITIZE | N OF WHAT COUNTRY? |
| | Clericat Wis | · (IBUT. | yorthe(| 210/11/20 11 | 15.17. |
| 13 | FATHER'S NAME | 7 1 14 | MOTHER'S MAJDEN NAME | 2, ./ | |
| | pilus /rugh | 1 | abopie To | almer | 1 |
| | WAS DECEASED EVER IN U.S. ARMED FORCES? (d. SOC es, ho, or unkown) (Ifyas giva war or datas of service) | IAL SECURITY NO. 17. INF | ORMANT | Address | James) |
| | Mes World Warm - | 20713 | 5. Elizabeth | McHeal - | 3/5/er |
| | 8. CAUSE OF DEATH Enter only one cause per line for | or (a), (b), and (c).] | y- 1/1 | | INTERVAL BETWEEN ONSETAND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Spiratory | + HILLERE | | 4 Hours |
| | DUE TO | 1 1 1/ | / . | | 12 Hours |
| | Conditions, if any, which \ (b) Cere | phar yeu | norrhage | | 1.2 1100113 |
| | gava rise to immediate cause (a), stating the underlying DUE TO M. / | - who make | laura A | | 11/ mr. H. |
| | causa last. (c) | liple Illyo | VEMIL | | 17 /1/01/ns |
| Z | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB | UTING TO DEATH BUT NOT R | ELATED TO THE TERMINAL DISEA | ASE CONDITION GIVEN IN PART 1 | e) 19. WAS AUTOPSY PERFORMED? |
| ATI | (IREMIA | | | | YES NO |
| THIC | | HOW INJURY OCCURED. (E | nter natura of injury in Pert I or P | art II of itam 18.) | |
| CERTIFI | OP. CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| N/S | 20c. TIME OF INJURY Month, Day, Year 20d. INJU | | | (City or town) (County | (Stata) |
| MEDICAL | nt work | Not While factory, | , streat, office bldg., etc.) | | |
| - | p.m. 17 (L | 1/ | wember 1960 | 10 May 17 , 196 | that (I) (and last |
| | 21. I certify that (I) (this hospital) attended | | Colda | rom the causes and on the | |
| | saw the deceased slive on | 17, and mar de | Balli Occured Size | totil ille causes and oil ille | 22b. DATE |
| | Inch Count | M.D. | ATTENDING MED. PHYS. DIRECTOR | STAFF /// | dy 17 181: SIGNED |
| | 22c. PHYSICIAN'S | m.u. | 22d. ADDRESS | 1 | 1 101 |
| L | NAME (TYPO) - JACA (RCWE | -// | 2025 EYE | ST. N.W Wd. | sh., 1.C. |
| 23 | a BURIAL, CREMATION, 236. DATE THEREOF | . NAME OF CEMETERY OR | CREMATORY 23d. I | OCAJION (City, town or county) | (State) |
| 1 | REMOVAL (Spacify) may 22, 1961 | Irlination na | tional 70 | it meider | Va |
| 24 | PUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 2Sa. REC'D BY RE | GISTRAR 256. KEGISTRAR'S SH | GNATURE |
| 1 | htzing Time 10 110 280 | R.I. Re n. 11 | DATE MAY 1 | 9 '61 arthur & | |
| 1 / | - John John 307 | 11- 0xc 11.0 | LANGE MINE | | |

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